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ABSTRACT

This practicum provides school psychologists (SPs) with information on child development as a means of heightening the SP's awareness of the importance of using alternative assessment strategies with young children. The second aim was to introduce the concept of an ecological assessment by increasing the use of classroom observation, parent/teacher interviews, developmental and medical histories, and frequent monitoring as techniques used in evaluating children from birth to age 8 years. Responses to the Child Development Questionnaire (CDQ), critiques of three SP-made case studies, and reviews of psycho/educational reports to determine whether SPs have begun using alternative assessment tools were analyzed. It was determined that alternatives to standardized assessment instruments should be introduced. An inservice program was created using videotapes to increase the SP's awareness of children's cognitive and social development and the importance of play. Each inservice session was preceded by distribution of a handout introducing the topic of the videotape and reviewing the previous session. Results of the practicum indicate that SPs increased their awareness of child development; ecological evaluation; and alternative assessment strategies in working with preschoolers, kindergartners, and first graders. However, participants indicated some disappointment based upon their expectations. The pre- and post-inservice psycho/educational report reviews, the CDQ, three sample case studies, a videotape listing, "Consider with Me" handouts, and an inservice program calendar are appended. (TJH)

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PRACTICUM REPORT

Center for the
Advancement of Education
Ed.D. Program

Providing Inservice to School Psychologists on Normal Child Development (Zero to Eight) as a Means of Increasing the Use of Alternative Evaluation Techniques

by

Thomas C. Jackson

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Providing Inservice to School Psychologists on Normal Child Development (Zero to Eight) as a Means of Increasing the Use of Alternative Evaluation Techniques

by

Thomas C. Jackson

Cluster 24

A Practicum I Report Presented to the Ed.D. Program
in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1988

TM 012 442

PRACTICUM APPROVAL SHEET

This practicum took place as described.

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This practicum report was submitted by Thomas C. Jackson under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

7-7-88

Date of Final Approval of Report

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Jo Ellen Salce-Rogers, Ph.D., Adviser

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ABSTRACT

Providing Inservice to School Psychologists on Normal Child Development (Zero to Eight) as a Means of Increasing the Use of Alternative Evaluation Techniques. Jackson, Thomas C., 1988: Practicum Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: School Psychologist/Child Development/Young Children/Early Childhood Education/Inservice Education/Videotape Recordings/Inservice Teacher Education/Preschool Education/ Primary Education

This practicum was designed to provide school psychologists information on child development ages zero to eight as a means of heightening the school psychologist's awareness of the importance of using alternative assessment strategies with young children. The second aim was to introduce the concept of an ecological assessment by increasing the use of classroom observation, parent/teacher interview, developmental and medical history, and frequent monitoring as techniques used in evaluating children ages zero through eight.

The writer reviewed psycho/educational reports and determined the need to introduce alternatives to standardized assessment instruments when evaluating young children. An Inservice Program was created using videotapes as a means of heightening the school psychologist's awareness of young children's cognitive and social development and the importance of play. Each inservice session was preceded by a "Consider With Me" handout which introduced the topic to be viewed and reviewed the last session.

The results of the practicum were mixed. Analysis of the data showed that the school psychologists increased their awareness of child development and understanding of an ecological evaluation. The school psychologists demonstrated an understanding of alternative assessment strategies upon reviewing case studies. The school psychologists improved their use of alternative strategies when testing preschool, kindergarten, and first-grade children, but not at the level hoped for.

CHAPTER I

INTRODUCTION

Description of Community

The school district in which the practicum took place is a public school district in an urban/rural area. The school district has a population of 45,000 within the corporate city limits and surrounding townships from which the students are drawn. The population consists of Caucasian, Southeast Asians, and Native Americans. The Southeast Asian and Native American population are minority populations. The socioeconomic makeup of the community is essentially middle class. Within the school district boundaries there is a two-year campus of the University System, a Technical College, a large insurance company, and a mix of light manufacturing, paper-making, agricultural-related businesses and farming.

Writer's Work Setting and Role

The school district is committed to serving all students regardless of race, color, national origin, handicap, or sex. The school district has 13 elementary schools, 1 middle school, 2 high schools, and a life skills center. The school district's student population is 7,731, with 4,153 served at the elementary level, 1,014 at the middle school, 2,548 served at the high schools, and 16 students served at the life skills center. Of the total

population, 438 are Southeast Asian, and 44 are Native American.

The socioeconomic makeup of the school district covers a complete spectrum. The students come from areas within the community with huge homes that were built by the lumber barons during the turn of the century to housing constructed for low income families. Parents' occupational functioning ranges from highly trained academic and technical professionals to unskilled laborers and discouraged workers.

The school district is part of the state's public education system. The state has a Department of Public Instruction that provides mandates, rules, guidance, and standards for the school district to follow. However, the school district is guided by policy determined locally by the local school board. The Board of Education establishes policies and approves curriculum which are administered by: the Superintendent, Assistant Superintendents for Instruction and Business Services and their directors, a Director of Research, and a Director of Pupil Personnel Services. Within Pupil Personnel Services there are Directors of Social Work Services, Speech/Language Services, Counseling Services, and Psychological Services. In the Department of Psychological Services, there are five school psychologists who serve a population of 15,000 students whose ages range from 0 through 20. Two of the psychologists serve both public and parochial elementary

schools and public high schools; one of the psychologists serves public and parochial elementary schools and a Life Skills Center (which serves a population of moderately to severely handicapped students); another psychologist serves one elementary school, a middle school, and parochial junior and senior high schools; and one position is 50% serving three public elementary schools and parochial elementary schools on a referral basis and 50% administration. The Psychological Services staff consists of five male, life certified psychologists who have a Master's Degree plus 30 credits, with an average experience in school psychology of 14 years.

All of the psychologists, upon referral, evaluate preschool children. Kindergarten children with summer birth dates are screened prior to kindergarten entrance through a mini-kindergarten program where children are invited to attend three ½-day sessions of kindergarten prior to school starting. Upon entrance to school, the school psychologists screen all children. School psychologists serve schools that contain all of the special education programs required by Public Law 94-142 and State Law Chapter 115 and evaluate students, ages 3 through 20, upon referral.

The practicum writer has a Bachelor's Degree in Psychology, a Master's Degree in Counseling and Behavioral Studies, post-master's training in school Psychology of 40

credits and 15 years' experience as a school psychologist, 13 of which have been in the school district in which the practicum took place. The writer has been a supervisor of the school psychology program and coordinator of the learning disabilities program for children in kindergarten through eighth grade during this time. The writer serves on the school district's Children At-Risk Committee and the Gifted & Talented Committee. The writer has been Secretary/Treasurer and President of the regional professional school psychology group, has co-chaired a state convention for school psychologists, and is presently a member of the education task force for the State of Wisconsin Council on Developmental Disabilities.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

School psychologist's training has focused on school age children, generally children ages 5 through 18. Wisconsin State Law in 1973, Chapter 115, required that all children, ages 3 through 20, be considered candidates for appropriate educational placement, regardless of disability or handicapping condition. Prior to passage of this law, school psychologists, acting alone, could recommend the placement of children in special education programs. At that time, special education typically served mentally retarded children, children considered "trainable", and those considered "educable". There were programs that served the learning and emotionally disabled as well as deaf and blind students. Many of these programs were regional in nature, however, and the school psychologist functioned as a diagnostician for the child and a liaison between the school district and various regional programs.

When Chapter 115 was put into place, the school psychologist was perceived as one team member trained in the diagnosis and identification of children suspected of experiencing an exceptional educational need. The school psychologist was then called upon to function as a team member with expertise in the identification of children

who may be experiencing a disability and/or handicapping condition. The school psychologist oftentimes is not a trained special education teacher, and as a team member oftentimes was not qualified to fill the team position of "trained in diagnostic evaluation and teaching of..." and therefore, more than ever the school psychologist's role focused on assessment. With the implementation in the mid-70's of Public Law 94-142, school psychologists have spent considerably more time in the role of assessment practitioners. The role of the school psychologist in assessment changed, however, in that the school psychologist was forced to begin evaluations at an earlier age than 5 as well as with students through the age of 20.

The practice parameters of the school psychologist changed at the same time the role of the school psychologist changed. School psychologists, trained to work with school age children, were required to begin evaluating preschool children ages 3 to 5.

The school district employs school psychologists who have essentially received all their training in school psychology prior to the passage of Public Law 94-142, or during the early stages of implementation of Wisconsin Chapter 115. Therefore, most of the school psychologists' training has emphasized working with children from kindergarten through 12th grade. The Federal Law which requires diagnostic skills in working with children ages

3 through 20 was recently strengthened with Public Law 99-457 which mandates services to handicapped children ages 0 through 2 and gives the state the option as to which delivery system will be responsible for the delivery of services. In Wisconsin, the Department of Health and Social Services has been designated the lead agency; however, the role of the educational institutions has not been delineated, and school psychologists may need to possess diagnostic expertise with children ages 0 through 2.

When school psychologists have been called upon to evaluate children ages 3 and 4, they have used the techniques that have been used with children ages 5 and older. Typically, the school psychologist will administer an intelligence test, an achievement test or readiness instrument, and a measure of psychomotor skills.

With the school psychologist's focus on children 5 years of age and older, training in child development at earlier ages has not been a priority. School psychologists have not necessarily had to take any specific coursework in the area of child or human development. Because the school psychologists were trained prior to the necessity of evaluating young children, the school psychologists may not readily recognize the developmental needs of children ages 0 to 5. Therefore, they may not be in the best position to offer guidance and recommendations to other team members and parents in planning educational strategies for children.

Briefly stated, the problem addressed in this practicum was that the school psychologist's role of assessing children has lead to a focus of understanding strengths and weaknesses of children based upon academic and intellectual factors which are monitored through standardized tests, rather than focusing on the complete child's strengths and needs using normal developmental patterns as a standard for understanding the progress of the child.

Problem Documentation

Depending upon referral patterns for any given year, referrals for assessment of children, ages 3 through 7, can range from 15 to 25 percent of the school psychologist's total case load. Children ages three, four, and five have been evaluated in much the same manner as children six and seven years of age. Therefore, preschool children have been evaluated in one or two sessions, a report has been written, a parent conference has been held, and the evaluation process has been considered finished when the report has been filed.

In order to provide documentation (see Appendix A), the practicum writer reviewed 75 psycho/educational reports of which 25 each were filed on children at the following levels: preschool, kindergarten, and first grade. The psycho/educational reports were reviewed to gather

information on the evaluation techniques that were used by the school psychologist. The reports were investigated to see if they included intelligence test results, achievement or readiness test results, psychomotor test results, classroom observations, parent interviews, teacher interviews, developmental histories, medical histories, developmental inventories, behavior rating scales, and to see if a recommendation regarding frequent monitoring through measurement and observation was recommended.

At the preschool level, 84% of the students were administered an intelligence test, 56% of the students were administered a readiness instrument, and 68% of the students were given a test of psychomotor ability. Classroom observation was made of 24% of the children, 12% of the children's parents were interviewed, and 8% of the reports indicated a teacher interview. There was no indication that a developmental history was taken in any of the cases. Medical history was recorded in 4% of the cases, a developmental inventory was used in 8% of the cases, a behavior rating scale was done on 28% of the cases, and 8% of the psycho/educational reports studied indicated a need for frequent monitoring through measurement and observation.

The psycho/educational reports for kindergarten students followed a similar pattern except that the parent and teacher interview, developmental and medical history,

and a developmental inventory were not techniques used in any of the instances. Twelve percent of the reports indicated the use of a behavior rating scale; there were no recommendations for frequent monitoring with measurement or observation. Four percent of the children were observed in the classroom, and 92% of the children were administered an intelligence test, achievement test, and psychomotor test.

At the first grade level, the technique of using an intelligence test, achievement test, and psychomotor test was again the key evaluation technique used. Ninety-six percent of the psycho/educational reports reviewed included intelligence tests; 100% of them included an achievement and psychomotor test; 4% included classroom observation, and 8% of the reports documented the use of a behavior rating scale. There was no documented evidence of a parent or teacher interview, developmental or medical history, developmental inventory, or frequent monitoring through measurement and observation.

The focus of assessment for children, preschool through first grade, hinges on measured ability, psychomotor skills, and readiness for achievement or present achievement. Other factors which may be relative to performance within the educational environment which could be measured by observation, interview, personal history, developmental patterns or frequent monitoring of progress were not put into practice or were not reported in the psycho/educational report.

Causative Analysis

School psychologists have been assigned the role and responsibility of diagnostic assessment. Diagnostic assessment regarding academic variables calls upon the psychologist to determine the child's potential for academic success and level of success attained. The traditional role of the school psychologist has been to provide valid and reliable diagnostic data with which decisions could be made regarding academic placement. Although the role of the school psychologist has changed only slightly, the goals of the evaluation process have changed significantly. There has been a shift in societal expectations from remediation of academic difficulty to prevention of academic failure. The school environment has changed and broadened to include the education of children ages 0 to 5, which has brought about an emphasis on prevention rather than remediation.

The second cause is that the school has demanded more of children in the kindergarten and first-grade curriculum. Therefore, as the academic curriculum has been adjusted downward, there have been more referrals to school psychologists of children suspected or experiencing exceptional educational needs because of the struggle they may be having within the curriculum. A kindergarten curriculum in the early 1970's focused on the child's socialization skills and not necessarily on a child's

ability to concentrate, attend, reproduce numbers and letters, and follow two or three oral directions given in a group setting. The concerns in the early 70's were not as academically related as concerns that school psychologists evaluate for presently. The purpose of the test administration was to sort out which child could be adequately served in which program. Usually the focus was on a child that was doing poorly academically and not necessarily on a child who might have potential for experiencing difficulties in school. The need to be trained in the area of human development, other than in a cursory way, was not of high priority.

The third cause is related to the potential lack of training in human development of children not of traditional school age. Graduate programs in school psychology may or may not require any training in child development, which makes the accurate evaluation of young children challenging at best. The creation of developmentally appropriate recommendations for implementation necessitates a thorough understanding of children's developmental expectations.

The fourth cause is that the school psychologist has used standardized tests with which to measure performance and potential. Usually in one or two sessions, the school psychologist could provide accurate reliable data as to success or progress in school. With assessment responsibilities pushed downward to younger aged children,

these techniques are not as reliable and require much more time of the school psychologist for accurate assessment due to the variability of performance and rapid changes in young children, ages 3 to 5.

The fifth cause is that school psychologists have typically not depended on others to provide as much information about children as is the case when dealing with young children. Parents, teachers, physicians, and others are good sources of information which can assist the psychologist in understanding the child's strengths and needs.

Review of Related Literature

The practice of school psychology is changing as societal demands are placed upon school systems to deliver services which are preventive and developmental in nature and not just remedial in scope. Martin (1986) suggests that most assessment of preschool age children has come about during the last 20 years as a result of more children involved in day care settings. It appears that people are now more aware of the research done with child/parent interaction, and prevention appears to be preferable to remediation.

Barclay (1983) believes that school psychologists deal with the most difficult problems in school and that they become difficult because the problems are ignored by parents and teachers. Often, so much negative learning

takes place that remedial strategies become ineffective. Barclay says that prevention is easier than crisis intervention, saves the taxpayer money, and allows school psychologists a more effective role in the schools.

Bardon (1982) states that if you ask school psychologists what they can do, they will say they can do just about any psychological or therapeutic task. But what school psychologists actually do is administer tests for the purpose of determining who qualifies for special education. Often the school psychologist becomes involved with children who experience behavior problems in school or exhibit poor school performance. Historically, the role of the school psychologist has been developed by the school's need to classify children based upon their intellectual ability to achieve in school. Bardon says that that is why school psychologists have been certified and regulated by state departments of education. The number one role for the school psychologist appears to be psychometric testing. Bardon says the school psychologist's role is to process children effectively and efficiently within the guidelines of Public Law 94-142; to provide valid, useful and reliable information; to be cost effective in classifying children for special education; and to keep within the various state and federal laws so that education may be delivered appropriately to the appropriate students.

Since 1973, Wisconsin's statutes have required that all handicapped children receive a free and appropriate education. Handicapped children, ages 3 through 20, are eligible for educational programs if they have a disability, a handicapping condition, and if special education can be of assistance to them. Federal Law 94-142, which was implemented in 1977, required that all handicapped school age children must be given free and appropriate education. At that time, many states chose to serve the 3 to 5-year-old population within the schools; however, many chose not to.

In march of 1975, Goh (1977) mailed a survey to 159 school psychology programs in the United States and four school psychology programs in Canada. From the 99 schools that returned this survey, 38 training components were identified - one of which was child development. School psychologists, at that time, were required to take at least 15 graduate credits beyond the masters level, and many programs required 30 to 60 credits beyond the masters program. In Wisconsin, 48 credits are needed for professional certification, and 60 credits are needed for senior level certification. Goh was able to identify nine factors involved in the majority of programs in training school psychologists. Those factors were school consultation, educational assessment, remediation, behavioral modification technology, psychological

evaluation, psychotherapeutic procedures, quantitative methods, community involvement and consultation in professional roles and issues, and lastly, psychological foundations. The understanding of child development appears to have played only a small role in the training of school psychologists working with chidren ages 5 to 18, and there was no indication of a change in training to emphasize the assessment of young children that was on the horizon.

Bardon (1982) noted that the actual range of pupils' developmental level was becoming wider than school psychologists' historical training with the advent of Public Law 94-142. Bardon believes this has presented the school psychologist at each of the levels with complexities of cognition and teaching factors which are unique to the developmental aspects of human growth in our society. These age ranges produce different pupil-in-school needs and different dynamics and expectations for and from teachers and school psychologists. In essence, then, the requirements created by Public Law 99-457 potentially will further complicate the demands on the school psychologist, depending upon a state's decision to use the educational institutions as a service delivery vehicle. Individual states have not been mandated to deliver educational services for handicapped preschoolers or infants. However, by 1991, all handicapped preschoolers must be served, or

states risk losing a portion of their federal funding. Children must be placed in the least restrictive educational environment with options for integrating handicapped and non-handicapped children in a classroom setting.

The stage is set, therefore, for the school psychologist to be called on to provide diagnostics and educational prescriptive services for infants, toddlers, and preschoolers. It appears, however, that school psychologist training has been with children ages 5 to 18, and there may be a weakness in the area of child development training which would give the school psychologist a sound foundation in referencing normal development within the context of the evaluation.

Ulrey (1981) says that there is a nationwide need to provide children ages 0 to 6 with competent psychological services to assure handicapped children are provided with appropriate assessment and intervention. The question remains, who should fulfill this role?

Ulrey (1981) suggests that few psychologists have the training or the skills clinically to assess children under the age of six that may have a full range of disabilities. The question becomes, then, who should provide these services to children?

Schakel (1986) stated that the preservice training experience of school psychologists to understand and assess cognitive development in preschool children is limited. She suggests that psychologists whose training was with the Stanford-Binet and the Wechsler Preschool and Primary Scale of Intelligence have found themselves poorly prepared to understand and assess cognitive functioning of 3 to 5-year-old children generally and handicapped children specifically.

Ulrey (1981) says that no one group within psychology has been responsible for assessing children ages 0 to 6. Developmental psychologists, counseling psychologists, and school psychologists have either not been trained or are not accessible to provide services, even though interest in providing service to these children appears high.

A review of school psychology required courses from four different universities in Wisconsin suggests that the study of child development may not be of high priority, and the training factors identified by Goh (1977) still prevail. In one university, the Graduate Catalogue for 1985-87 required that all students take a three-credit seminar in advanced developmental psychology. Another program, listed in the 1985-87 Undergraduate/Graduate Catalogue, gave the option of taking child development

courses at an undergraduate level. However, a student could easily go through the program without taking any courses in child development because the human and cognitive development credits offered were only 9 of 45 possible elective credits a student could choose from. Yet another University bulletin for 1985-87 provided for studies in infancy and early childhood or an equivalent course. Further, another Graduate Bulletin for 1985-86 offers students the option of a graduate course in combination with a course in adolescent psychology. Many school psychologists have not been trained in child development, and, prior to 1975, essentially were trained to work with children of ages that did not include the age ranges 0 to 5.

Langenthal (1984) reported a need for inservice because of the federal and local mandates to expand school psychological services downward. Because of the expanded services, Langenthal says that school psychologists need to increase their knowledge of infant assessment. Langenthal provided a practicum program for the purposes of presenting nine major infant assessment devices and a program study guide to assist school psychologists in improving their initial understanding of the diagnostic assessment devices and to prepare them for delivery services to infants. His results demonstrated that

practicum participants grew in their knowledge and skills of how to provide services to referred infants.

Peterson (1984) successfully used inservice training to improve the care given to infants and toddlers by both staff and parents. Peterson created a program of inservice workshops which had an independent study component that allowed for participant direction and goal setting. The workshops were designed to help the participants to identify developmental levels, use observational techniques to identify student needs, improve scheduling and develop more creative lesson plans, and keep parents informed as to their child's progress. The participant kept a log which displayed an increased awareness of Piaget's sensorimotor stages, initiated more interaction with children, and provided parents with more information about the infant and toddler program.

Miller (1984) designed an inservice, workshop, and networking program to provide meaningful inservice to child care providers. The program established and created a forum in which to share ideas and a process by which to disseminate information about what works. Miller designed a program for 18 child care centers and their 78 caregivers and administrators. Networking was a key component within the program as was a university-sponsored workshop. The information gathered by workshop participants was then networked to other caregivers. The program proved

successful and elevated inservice to a level so as to be perceived as a need in the field.

Sigel (1986) believes that teachers as well as school psychologists are in need of a better understanding of human development. Sigel says that teacher preparation programs do not allow an integrated understanding of child development and curriculum. It appears that inservice programs are needed for educators and psychologists if services delivered for children are to be upgraded.

Ulrey (1981) suggests that there is a nationwide need for a continuing education program to train psychologists to assess young children. There appears to be no clinical textbook available to provide a framework for guidance in the evaluation of young children, and validity and reliability issues are real concerns.

School psychologists have historically focused on kindergarten or first grade students as entry level students in the educational process. Comprehensive understanding of child development is assumed at this age level, but school psychologists may need review through the beginning of Piaget's (1966) "concrete operations" stage of cognitive development. Bardon (1982) says there may be a tendency by school psychologists toward classification systems using standardized tests. Perhaps review of cognitive development could lessen the standardized test dependence

of school psychologists with kindergarten and first-grade students.

Ingraham (1985) says that the development of the child's ego and self esteem, along with attributional patterns and the ability to process information will override how well a child responds to new situations. School psychologists tend to focus on the ability to process information cognitively by measuring a child's intelligence with intelligence tests and achievement with standardized achievement tests along with psychomotor skills by measuring a child's ability to copy geometric forms. All too often the whole child as he/she functions in the environment is not discussed.

Paget and Nagle (1986) state that trying to fill the gap between assessment and intervention is the skill needed by the psychologist who works at the preschool level. This need is not new, but the need for this gap to be filled by the school psychologist is new. Preschool children are qualitatively different from school-age children because of the rapid changes in their development. These behavioral changes are characteristic for children of this age group, and these children are qualitatively different from the age of children that the school psychologist traditionally has been trained to serve. Paget and Nagle state that the reliability and the validity of measures used at this age level are affected by the rapid development and changes of

children this age. Their "ecological" model suggests that the school psychologist must take into account the child, his family, the school, services within the community, and the policymakers' decisions and how they affect the community leaders. Sigel (1986) believes that training in human development is a necessary foundation in education. Sigel believes that the Holmes report misses the mark when it suggests that there is a need for more liberal arts background by teachers. Rather, he believes that the quality of education and instruction is the most critical factor in pre-service education and that the integrating of pedagogy with the understanding of human development is really the target that ought to be aimed for. Sigel says that how children develop socially, emotionally, and intellectually is the key to how well children will succeed within the school setting. Sigel believes that educational trends tend to minimize human development. He proposes that a prospective which is truly developmental is more than understanding that children are different from one age to another by being larger, faster, taller or stronger, but that children are qualitatively different as they grow to older students and adults.

Neisworth and Bagnato (1986) propose a model, which includes careful assessment developmentally, to determine strengths and needs of children and to be sure that these strengths and needs are linked to instruction correctly.

They suggest that the test-teach-test method is the best way to maintain a focus on the needs of the child and the appropriateness of the curriculum. They believe that a multi-dimensional adaptive assessment, which includes more than one measure, to evalute and make sure that more than one domain is being measured at a time, would allow for more appropriate goal setting in the test-teach-test process.

Bronfenbrenner (1979) states that ecological understanding of chidren takes place by perceiving the mutual accommodation between the actively growing human and the changing properties of the immediate environment in which the developing human lives. The developing child should be understood in light of his/her activities, roles, and intra and inter-personal relationships in two or more settings in which he/she actively participates.

Nagel and Paget (1986) presented a model for preschool assessment integrating assessment of the child's environments (such as the home and school) as a means of describing to the psychologist an ecological model which is multi-method and multi-setting. Martin (1986) states that methods of social and emotional assessment, interviewing, direct observation, rating scales and sociometric techniques appear to be appropriate techniques for meeting the criteria of a multiple techique measurement paradigm. The importance of understanding developmental expectations of

normal chidlren before evaluating for abnormality is a must.

Brazelton (1982) believes that assessment can be a method for enhancing development - especially if one considers that continued revision of goal setting is a part of the diagnostic evaluation process.

Shellenberger and Couch (1984) stressed that school psychologists are in a unique position to provide health care professionals with a comprehensive view of the variables that affect a child's school performance. Recent theoretical postulates in medical care which stress treating the whole person and understanding them in an ecologically comprehensive manner creates the need to understand the child developmentally.

Guidubaldi (1982) argues that school psychology has to attend to societal expectations and therefore focus on understanding a child's socialization process and develop preventative and remedial strategies to compensate for the disruption in the family unit. Guidubaldi says that more effective assessment devices have to be created to zero in on social competency and that school psychologists have to maintain standards of scholarship and assessments within their practice to be held in high regard by other professionals.

Wisconsin Law and Public Law 94-142 require that at least two people be involved in the evaluation process of

children suspected of having a disability. These people must be experts in evaluating and assessing the needs of the child. It would be appropriate if one of the experts involved possessed competent knowledge of human development.

Bardon (1982) believes that Public Law 94-142 helped make the school psychologist's role more that of a psychometrist by the law's failure to assign the school psychologist a central role in assessment and program development instead of the function of confirmatory testing after initial judgments are made. Bagnato (1984) says the team approach works. He has shown that there is consistency and congruence among interdisciplinary developmental diagnostic teams in judging variables in child performance estimates on a variety of developmental behavior scales. He suggests that when multiple handicapped children are assessed by an interdisciplinary developmental team approach, a consistency of evaluation does take place. Could it be that the school psychologist as a team member is in a perfect position to assume leadership, but lacks basic knowledge in normal child development necessary for meaningful programming once a diagnosis is made by the assessment team? Are too many school psychology practitioners at Bardon's (1982) level one, the level at which the school psychologist's role is only to test and classify children for exceptional education?

Bardon (1982) states that school psychologists perform at three levels. School psychologists functioning at level one can have a profound effect on the life of a child and the family, but do not have much of an effect on the school as an institution. Bardon's level two psychologists take a broader role in assessing children and not only classify children for special education but assist with other broad-based school pupil problems as well. This level is roughly equated with a clinical model in functioning. The level three school psychologist, as Bardon perceives it, performs actions which affect policies and procedures in schools through supervision, evaluation, and consultation. School psychologists at level three have an obligation to their colleagues to provide them with the inservice necessary in child development to allow them to perform comprehensively in understanding normal child development.

Ulrey (1981) states that practitioners need continuing education by workshop-intensified courses with skill adaptations and content geared toward the needs of children ages 0 to 6.

Rosenfield (1981) reports that it is the school psychologists' responsibility for their own continuing education, and it is an obligation for each professional. Although continuing education does not provide adequate structure for individual development, there are methods and models which have been used to enable individuals to plan

and evaluate their continuing professional and developmental needs. With careful self assessment this can take place, but it may not be enough. Schools may have to provide the training necessary for professionals in the field through inservice programs.

It appears that school psychologists could better serve young children if further training in child development was provided. In conjunction with this, the use of a more "ecologically complete" assessment administered directly and frequently may be the most beneficial way to deliver psychological services to young children. This practicum was directed toward these ends.

CHAPTER III

ANTICIPATED OUTCOME AND EVALUATION INSTRUMENTS

Statement of General Goals

The providing of school psychologists information on child development, ages 0 through 8, is very important for improving the practice of school psychology in the future. As a result, the first goal was improved awareness of child development from 0 to 8. The second goal was improved awareness of evaluation alternatives for children, ages 0 to 8. The third goal was to improve awareness of the importance of an ecological assessment of children, ages 0 to 8. The fourth goal was to increase the use of classroom observation, parent/teacher interview, developmental and medical history, developmental inventory, and frequent monitoring as techniques used in evaluating children, ages 0 to 8.

Behavioral Expectations

An analysis of the literature discussed the need for further training by school psychologists, because the ages of children that are served by the school psychologist has changed, and there is also a need for further training in the use of alternative strategies to standardized tests when assessing young children. The first three behavioral objectives were created as a result of this. The fourth behavioral objective was created to look at implementation

of the successful completion of objectives one, two, and three. Therefore, the following specific behavioral objectives were stated for this practicum:

1. Over a 12-week period, the school psychologists will indicate an improved awareness of child development from 0 to 8 by responding correctly to 20 out of 25 items on the school psychologist-made Child Development Questionnaire.

2. Over a 12-week period, the school psychologists will indicate an improved awareness of assessment alternatives for use with children 0 to 8 by listing five appropriate alternative strategies to standardized intelligence, achievement and psychomotor testing upon reviewing three school psychologist-made case studies.

3. Over a 12-week period, the school psychologists, upon critiquing three case studies, will demonstrate an understanding of ecological assessment of children 0 to 8, which demonstrates the knowledge that an ecological assessment is a method of understanding the child within the context of the child's intra and inter-personal strengths and needs in the environs of the family, school, and community.

4. Over a 12-week period, the reported use by the school psychologist of classroom observation, parent and teacher interview, developmental and medical histories, developmental inventories and recommended frequent monitoring of progress will increase by 50% as determined by case file review.

Evaluation Instruments

The level of success obtained on the first objective was measured by a psychologist-made Child Development Questionnaire (See Appendix B). It allowed the school

psychologist to provide the correct answer to complete the statement, identify developmentally appropriate concepts, or developmentally sequence an event.

Objectives Two and Three were measured by responses to three school psychologist-made case studies (see Appendix C) critiqued by the school psychologist. The responses of the school psychologists was short essay responses and identification of techniques used.

Objective Four was measured by reviewing psycho/educational reports for the purpose of determining whether the school psychologists have begun using alternative evaluation techniques, rather than just depending upon standardized tests.

Mechanisms for Recording Unexpected Events

This project ran over an extended period of time and was in need of provisions to accommodate unexpected events such as any change in the calendar or other unforeseen obstacles. Because of this, a log was kept to record the progress toward success, failures, and spontaneous activities and events which took place as a result of the project.

Essentially, the inservice program sessions produced no unexpected events unrelated to calendar changes to accommodate staff.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The understanding of normal child development is a very important factor in the school psychologist's ability to make recommendations based upon assessment of young children. The review of the literature has indicated that school psychologists are in need of additional training in the developmental understanding and assessment of young children. Ulrey (1981) has suggested the most viable means of providing training is through continuing education. Continuing education at the national level would be a likely source, however a difficult source, to use because of the lack of funds allocated for travel within the school district. The school district each year allocates $25.00 per psychologist for travel outside the district. Attendance at any national level meeting would be highly unlikely unless the event took place nearby or the school psychologist chose to pay for the educational experience.

Regional continuing education programs have tended to focus upon the needs of regular and special education teachers to assist handicapped students within the academic environment. The continuing education focus for school psychologists, regionally, has been on Attention Deficit Disorders that children may experience and the effect of

that disorder on the child in the classroom.

Ulrey (1981) proposed workshops as a possible solution. Workshops appear to be a practical way to involve professionals to further their knowledge, skills, and training. Ulrey says that the participation of rural professionals in workshop activities is restricted and limited because the majority will attend a workshop only if it is shorter than three days in length and close to where a potential workshop participant may live. Workshops centering on child development for the school psychologist have not been offered in this geographic region. If there were workshops available, attendance would still be a problem because of the lack of money budgeted for such purposes. Miller (1984) combined a workshop, inservice, and networking model to keep child care administrators current. This was university affiliated, however, with time donated. This did not appear to be the best solution in this case.

Paget and Nagle (1986) have suggested graduate training programs include in their content the information necessary to improve assessment of young children. The strategy of working with a local university to develop a class for credit in child development for school psychologists was considered. This strategy, however, was rejected because school psychologists employed in the district are at the top of the lanes which require academic

credit. Each psychologist has a Master's plus 36 credits or more. The only incentive to pursue academic course-work through a university is to pursue a school district requirement of six credits every five years in order to progress on the salary schedule. All of the school psychologists presently are at the top of the salary scale because of the years of experience in school psychology. Therefore, there is little incentive to obtain further university credits. During the fall of 1988, one graduate course will be offered regionally in Developmental Psychology: Childhood. The emphasis of this course, however, will be on adolescence. This regional offering would not address the concerns of school psychologists and child development ages 0 through 8.

Another possible solution was to create or disseminate a newsletter, such as The Brown University Child Behavior and Development Letter, to heighten the school psychologist's awareness of child development and how the child's progression through development influences his/her potential academic success and experience. This solution was rejected because there appeared to be a need for a deeper understanding of child development than a newsletter could provide. Also, a newsletter format was not seen as a viable solution strategy because it is too easy to put aside the newsletter, albeit with good intentions to read what has been presented, but oftentimes newsletters are

perused, put aside, and saved for rainy day reading times. The issue of understanding normal child development could not be left to chance.

Another consideration for a possible solution was to procure the appropriate professional journals in the area of educating young children, child development, and other relevant journals to assist the psychologist in understanding the current research in the area. Professional journals are an excellent way to keep current on topics of importance in a profession but have limited instructional value with which to impact professional practice which has been habituated. The professional journals which have been made available to the school psychologists within the district to date seem not to have had any significant impact on changing the current practices as they relate to the evaluation of children ages 0 to 8.

Langenthal (1984) created a self study guide to assist school psychologists in the evaluation of infants. This solution was given strong consideration for implementation but was rejected because of the time pressure experienced by the school psychologists and may have been perceived as another activity to try and squeeze in each week.

Description of Selected Solution

Peterson (1984) successfully used inservice training to improve the care given to infants and toddlers. Peterson

created an inservice workshop that included an independent study component.

Ulrey (1981) suggested that video tapes may be one means of training that could be offered to professionals in the field. Ulrey said that video tapes allowed observation of skills necessary to perform and may be a viable option for psychologists in a rural area. Miller (1984) also used inservice training in combination with a workshop and networking programs for the purposes of providing training to child care providers. Miller's program came about because of the lack of financial resources for inservice programming. Therefore, networking of the inservice training that did take place became an important aspect of her inservice program.

The inservice of school psychologists using video tapes within the context of an effective teaching model was perceived perhaps to be the most viable and least threatening way to provide the psychologists with the appropriate information on normal child development.

The use of video tape in an inservice program offers school psychologists a concise, flexible method of training. Video tape cassettes and video tape players are commonplace in the school district, and the use of video tape to record public broadcast programs for educational programming has been a part of the educational environment for the past decade. The use of

videotaped programs allowed for flexibility needed within the psychological services department. Staffings were scheduled for 1½ hours. During this time period, video tapes of various lengths could easily be accommodated, stoppped, and started so that important concepts, ideas and thoughts could be reviewed and discussed.

Video tape cassettes also allow for quality inservice programming at a reduced cost. Nationally renowned speakers can be presented on location to a staff for a minute fraction of the cost of a national convention.

A number of videotapes have been made available by the National Association for the Education of Young Children. The viewing of video tapes will allow school psychologists to see what appropriate practice developmentally is for children ages 0 through 7. Nine of these video tapes were chosen for viewing (see Appendix D).

Video tape viewing in and of itself without a formal framework would again leave to chance any implementation of change. Therefore, an inservice framework was proposed within which the video tapes could be viewed and discussed. It was during the discussion phases of the inservice time that assessment alternatives were presented. With the discussion of assessment alternatives for young children, the understanding of the need for an ecologically sound assessment practice evolved. Discussions alone, although an important aspect of an inservice program, did not give

the school psychologists any hard copy that they could refer to after the inservice experience. Therefore, each inservice participant was provided with material prior to attending the inservice program.

The Systematic Effective Teaching Model implemented in this school district focuses on the instructional skills necessary within the total teaching act. One important aspect of instructional skills is maintaining focus on the objective. To maintain focus on the objective, therefore, it was decided that the psychologists should be provided with the issues to be presented to them prior to the presentation. In behavioral terms, this is called "foreshadowing". In terminology used wthin the Systematic Effective Teaching Model, the term is "set" or "set to perform". It was decided that the psychologists should be provided with the issues, considerations, concerns, and concepts that were presented on video tape during the weekly staffing. Two days preceding the video tape viewing and discussion at the inservice program, each psychologist was provided with information on a "Consider With Me" handout (see Appendix E). Each handout contained information which the psychologists should consider during the viewing of the video tape as well as other child development data. The purpose of this was to stimulate thinking and relate what had been viewed to the past and present assessment practice and to further discussion as

to what may be done diagnostically to improve the recommendations presented to teachers and parents. Each of the inservice sessions had a closure activity in which what was presented was summarized. There were ten "Consider With Me" informational handouts provided to the psychologists. The inservice series began by a meeting with the psychologists to explain the inservice program and what was to take place. There were then nine inservice sessions focusing on child development and appropriate developmental practice for young children. The eleventh meeting was for the purpose of reviewing all the material that was covered, and the twelfth meeting was an evaluation meeting.

Within the inservice sessions, focus was maintained on the cognition, socialization, and play of children as each relates to various stages of the developmental process. This was emphasized in the "Consider With Me" information handouts. How child development is related to the school psychologists within the area of assessment took place as a result of the discussions after viewing the video tapes, and the psychologists were provided with technique and test titles that they could consider using at the various stages of development in order to provide an ecologically sound diagnostic evaluation and prescription for each child.

The combination of the "Consider With Me" handouts, along with the handouts regarding possible tests and

techniques to use for the assessment of children, provided the psychologists with hands-on materials that allowed them to have ready access to this information during their practice. Also, the psychologists, having been fortified with such information, were in a position to then begin the network process, first among themselves, and then with other school psychologists within the region. This networking potential exists as an offshoot to the inservice program.

The program ran like this: On the Wednesday preceding the first week of implementation and two days prior to the next nine sessions, the school psychologists were provided a "Consider With Me" informational handout. Inservices took place on Wednesdays or Fridays from 1:30 to 3:00 p.m., or 11:30 to 1:30 p.m. On Friday, after dismissal at 3:00, the psychologists were free to remain to continue to discuss what was presented. The first inservice program was an overview of how the inservice format was to work. The second inservice began the series of video tapes. (See Appendix F for the complete calendar.) The activities within the inservice went as follows: First, the previous week's activity was reviwed. Second, the video tape of the week was viewed. Third, a discussion of what has been viewed on the video tape took place. Fourth, the discussion was directed toward the remification of what was viewed for assessment. Fifth,

the psychologists were provided with information on assessment techniques that are considered appropriate at that age level, and focus was maintained on the cognition, socialization, and play of children as it relates to the various stages of the developmental process.

CHAPTER V

RESULTS, CONCLUSIONS, RECOMMENDATIONS, AND DISSEMINATION

Results

Objective One was measured by a school-psychologist made Child Development Questionnaire (See Appendix B). The specific objective stated, "Over a 12-week period, the school psychologists will indicate an improved awareness of child development from 0 to 8 by responding correctly to 20 out of 25 items on the school psychologist-made Child Development Questionnaire". This objective was met by the school psychologists. The school psychologists were allowed to fill out the questionnaire as a group using the resource materials provided them in the "Consider With Me" handouts. Two of the school psychologists assumed a leadership role in the questionnaire completion. The responses obtained showed that the school psychologists answered with clarity the questions based just on the video-taped presentations but uniformly could not provide answers that were dependent upon the suggested outside reading.

Objective Two was measured by three school psychologist-made case studies. The specific objective which stated, "Over a 12-week period, the school psychologists will indicate an improved awareness of assessment alternatives for use with children 0 to 8 by listing five appropriate alternative strategies to standardized intelligence, achievement and psychomotor testing upon reviewing three school psychologist-made case studies",

was met by the school psychologists. The case studies (see Appendix C) were designed to measure the school psychologists' ability to identify, apply, and evaluate the use of alternative techniques other than standardized tests when evaluating young children. The results indicate that the school psychologists were successful in meeting this objective when listing the alternative strategies identified within a case study. They were also successful at planning an evaluation based upon the referral information provided in the case study by indicating that they would use most of the non-standardized techniques listed and offered in depth explanations as to why they would use each technique. The school psychologists demonstrated an ability to identify the use of alternative techniques when reading the case study which contained a variety of alternative techniques. The school psychologists agreed that they would use at least five different alternative techniques to standardized testing when they were provided a case study designed to present referral information. The school psychologists, however, did not identify a need for use of alternative assessment techniques when evaluating a completed psycho/educational report designed to pose as being ecologically sound but was in essence the use of a developmental inventory presented to the parent in interview form.

Objective Three was measured by three school psycholgist-made case studies - the same case studies that were used to measure success for Objective Two. The specific objective stated, "Over a 12-week period the school psychologist, upon critiquing three case studies, will demonstrate an understanding of ecological assessment of children 0 to 8 which demonstrates the knowledge that an ecological assessment is a method of understanding the child within the context of the child's intra and interpersonal strengths and needs in the environs of the family, school, and community." Objective Three was met. The school psychologists displayed an ability to identify non-standardized methods of assessing a young child and displayed the ability and stated a willingness to plan a more ecologically sound assessment by taking into account perceptions of the child's teacher and the child's parents, as well as personal observations, behavior rating scales, and developmental inventories, medical histories, and the use frequent monitoring.

The greatest difficulty encountered by the school psychologists was in evaluating the case study which was a completed psycho/educational report. The psychologists were asked to provide their perceptions of what more was needed for a more balanced and sound ecological assessment. Only one of the four school psychologists listed at least five ecologically sound techniques that were not present in the case study.

Objective Four was measured by reviewing reports which were filed by the psychologists on preschool, kindergarten, and first-grade children two weeks after the beginning of the inservice program. the purpose of the review was to see if there was an increase in the use of classroom observation, parent interview, teacher interview, developmental history, medical history, developmental inventory, behavioral rating scales, and recommendations for frequent observation/measurement to monitor progress. The fourth objective stated, "Over a 12-week period the reported use by school psychologists of classroom observation, parent and teacher interview, developmental and medical histories, developmental inventories and recommended frequent monitoring of progress will increase by 50% as indicated by case file review." This objective was not met. Table 1 shows the percentage of time and techniques was reported as used prior to the inservice program and the percentage of time each technique was reported as used during the last ten weeks of the inservice program.

Thirty-one psycho/educational reports were reviewed that had assessment dates which indicated that the child was evaluated no earlier than two weeks after the inservice began. Nine preschool reports, fourteen kindergarten reports, and nine first-grade psycho/educational reports were the total number of reports filed during the time

frame of the inservice program and to the end of the school year (see Appendix G).

The table shows that although the objective was not met there was a significant increase in the use of alternative techniques in the areas of teacher interview, developmental history, medical history, and the use of developmental inventories at the preschool level. At the kindergarten level classroom observation, parent interview, teacher interview, developmental history, and recommended frequent monitoring increased significantly. The results at the first-grade level show a significant increase in the use of parent interview, teacher interview, and developmental histories as a means of assessment rather than just relying on standardized assessment devices.

Table 1. Pr and Post Inservice Comparisons

Evaluation Techniques Used	Preschool		Kindergarten		First Grade	
	Pre-Inservice N=25	Post-Inservice N=8	Pre-Inservice N=25	Post-Inservice N=8	Pre-Inservice N=25	Post-Inservice N=8
Intelligence Test	84%	100%	92%	86%	96%	78%
Achievement Test (Readiness)	56%	63%	92%	86%	100%	100%
Psychomotor Test	68%	75%	92%	86%	100%	89%
Classroom Observation	24%	38%	4%	57%	4%	22%
Parent Interview	12%	25%	0%	64%	0%	44%
Teacher Interview	8%	38%	0%	57%	0%	44%
Developmental History	0%	63%	0%	42%	0%	44%
Medical History	4%	38%	0%	7%	0%	0%
Developmental Inventory	8%	38%	0%	29%	0%	0%
Behavior Rating Scale	28%	38%	12%	0%	8%	11%
Frequent Monitoring through Measurement/Observation Recommended	8%	25%	0%	50%	0%	22%

Conclusions

The first objective dealt with improved awareness of child development 0 to 8. The entire inservice program was built around video tape presentations aimed at increasing school psychologists' understanding of child development and understanding the child in the context of the child's intra and inter-personal make-up, family and school environment, medical and developmental histories, and the other viable factors in the child's life which make up the ecological environment in which the child functions.

The video tapes proved to be an excellent method of involving the school psychologists in the inserv ce activities. The video tapes were professionally done, featuring key people who were both knowledgeable and articulate. The video tapes effectively brought a national perspective to the issues dealt with in this inservice program in a way that provided a sense of authenticity to the problem addressed in the inservice as well as a sense of the need for action as a result of the information that was provided.

When responding to the items on the child development questionnaire which were directly related to the video tapes, the school psychologists appeared to be very much on target. When asked to respond to items which were presented based on the background preparation the school psychologists

were asked to make, there was a variety of results, indicating that some of the psychologists read extensively and others are presumed to have done little or no reading. Objectives Two and Three were designed to increase the psychologists' awareness of alternative techniques to standardized testing when working with young children and understanding the important ecological aspects of a child's life. These objectives seem to have been conceptually understood by the psychologists. Time will be the determining factor as to whether there is consistent carry-over into the assessment process. There appeared to be mixed results in the transfer of what was learned in the inservice program to the assessment setting. Hopefully, it is not too early to make this judgment, although it may be. The file review was conducted on preschool, kindergarten, and first-grade children who were evaluated by the school psychologists beginning two weeks after the initiation of the inservice program. It is unreasonable to expect that within two weeks the school psychologist, with habituated tendencies of assessment, would completely switch evaluation techniques based upon two weeks of intervention in this inservice program. However, there appeared to be some dramatic increases in the use of alternative techniques to standardized tests, although not at every level and not in every case. It appears that when reviewing the case studies presented, the

psychologists understood what was needed for a more sound ecological evaluation, and it appears that they did apply it to some assessments.

Unanticipated results came about in the way the video tapes were used and the way in which the psychologists wanted to share the use of the video tapes. On two occasions the video tape was taken by one of the psychologists for another viewing at home. A second unanticipated outcome was that individuals outside of the department - teachers, social workers, counselors - began asking about the inservice program because of discussions they held with people who were involved with the program. The video tapes then were requested for viewing. On one occasion the inservice program was asked about by a Regional Service Network Representative from the Cooperative Educational Services Agency that serves the school district for the purposes of determining whether that type of outreach would be beneficial for their school psychologists and parents within the Cooperative.

In conclusion, the practicum provided evidence that the use of video tapes as a means of inservice is a viable, inexpensive, and productive form of bringing top, high-caliber educators into the context of a departmental meeting for the purposes of teaching, enriching, and instructing local personnel.

Recommendations

The writer has four specific recommendations. First, the school psychologists are more accessible during the first semester of an academic year than during the second semester. Coordinating calendars even though staff time was set aside proved to be problematic because of the work load. Second, a structured, organized, and condensed reading program should accompany the "Consider With Me" handouts to help assure a more enriched discussion of the video tape topic. Access to the suggested readings proved to be difficult due to the location of the materials and the schedule of the school psychologists. Third, the school psychologist should assign a certain number of practice cases so that what has been learned and discussed is put into practice to help assure transfer from the inservice program to the actual practice of school psychology with young children. Fourth, the earlier in the school year the inservice program took place, the better the chances would be that the total psycho/educational reports filed and reviewed would be a representative number of the total number of preschool, kindergarten, and first-grade students evaluated during the year.

Dissemination

The results of this practicum were shared in three ways. The first was submission of the practicum and results to the school district's Director of Pupil Personnel Services. Secondly, the writer provided the State Consultant for School Psychology with a copy of the practicum as a way of highlighting inservice program possibilities and techniques which could improve assessment of young children. Finally, the writer submitted a copy of this practicum report to the Regional Service Network Representative of the Cooperative Educational Services Agency for distribution to other school psychologists within the Cooperative.

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APPENDIX A

REVIEW OF PRE-INSERVICE PSYCHO/EDUCATIONAL REPORTS

Evaluation Techniques Used	(N=25) Preschool	(N=25) Kindergarten	(N=25) 1st Grade
Intelligence Test	84%	92%	96%
Achievement Test (Readiness)	56%	92%	100%
Psychomotor Test	68%	92%	100%
Classroom Observation	24%	4%	4%
Parent Interview	12%	0%	0%
Teacher Interview	8%	0%	0%
Developmental History	0%	0%	0%
Medical History	4%	0%	0%
Developmental Inventory	8%	0%	0%
Behavior Rating Scale	28%	12%	8%
Frequent Monitoring through Measurement/Observation Recommended	8%	0%	0%

Case Number	Intelligence Test		Achievement (Readiness)		Psychomotor		Classroom Observation		Parent Interview		Teacher Interviews		Developmental History		Medical History		Developmental Inventory		Behavior Rating Scale		Recommendation for Frequent Observation/Measurement to Monitor Progress		Preschool
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
1		X		X		X	X		X			X		X	X		X		X			X	
2	X		X		X			X		X		X		X		X		X		X		X	
3	X		X		X			X		X		X		X		X		X		X		X	
4		X		X		X		X		X		X		X		X	X					X	
5	X			X	X			X	X			X		X		X	X					X	
6	X		X		X			X		X		X		X		X		X	X		X		
7	X		X		X			X		X		X		X		X		X				X	
8	X		X		X			X		X		X		X		X		X				X	
9	X			X		X	X			X		X		X		X	X					X	
10		X	X		X			X		X		X		X		X	X					X	
11	X		X		X			X		X		X		X		X						X	
12	X		X		X			X		X		X		X		X		X				X	
13	X		X			X		X		X		X		X		X		X				X	
14	X			X		X		X		X		X		X		X		X				X	
15	X			X	X			X		X		X		X		X		X				X	
16	X		X		X			X		X		X		X		X		X				X	
17	X		X		X			X		X		X		X		X		X				X	
18	X			X	X		X			X	X			X		X		X				X	
19	X			X		X		X		X		X		X		X		X				X	
20	X		X		X		X			X	X			X		X	X					X	
21	X			X	X			X		X		X		X		X		X				X	
22	X		X		X			X		X		X		X		X		X				X	
23	X			X		X	X			X		X		X		X		X				X	
24		X		X		X	X			X		X		X		X		X				X	
25	X		X		X			X		X		X		X		X		X				X	
Total	21	4	14	11	17	8	6	19	3	22	2	23	0	25	1	24	2	23	7	18	1	24	

Case Number	Intelligence Test		Achievement Readiness		Psychomotor		Classroom Observation		Parent Interview		Teacher Interviews		Developmental History		Medical History		Developmental Inventory		Behavior Rating Scale		Recommendation for Frequent Observation/measurement to Monitor Progress	Kindergarten
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
1	X		X		X			X		X		X		X		X		X		X		X
2	X		X		X			X		X		X		X		X		X		X		X
3	X		X		X			X		X		X		X		X		X		X		X
4		X		X	X			X		X		X		X		X			X			X
5	X		X		X			X		X		X		X		X			X			X
6	X		X		X			X		X		X		X		X		X				X
7	X		X		X			X		X		X		X		X		X				X
8	X		X		X			X		X		X		X		X		X				X
9	X		X		X			X		X		X		X		X		X				X
10	X		X		X			X		X		X		X		X		X				X
11	X		X		X			X		X		X		X		X		X				X
12	X		X		X			X		X		X		X		X		X				X
13	X		X		X			X		X		X		X		X		X				X
14	X		X		X			X		X		X		X		X		X				X
15	X		X		X			X		X		X		X		X		X				X
16	X		X		X			X		X		X		X		X		X				X
17	X		X		X			X		X		X		X		X		X				X
18	X		X		X			X		X		X		X		X		X				X
19	X		X		X			X		X		X		X		X		X				X
20		X	X		X			X		X		X		X		X			X			X
21	X		X		X			X		X		X		X		X		X				X
22	X		X		X		X			X		X		X		X		X				X
23	X		X			X		X		X		X		X		X		X				X
24	X			X		X		X		X		X		X		X		X				X
25	X		X		X			X		X		X		X		X		X				X
Total	23	2	23	2	23	2	1	24	0	25	0	25	0	25	0	25	0	25	3	22	0	25

Case Number	Intelligence Test		Achievement (Readiness)		Psychometer		Classroom Observation		Parent Interview		Teacher Interviews		Developmental History		Medical History		Developmental Inventory		Behavior Rating Scale		Recommendation for Frequent Observation/Measurement to Monitor Progress		1st Grade
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
1	X		X		X			X		X		X		X		X		X		X		X	
2	X		X		X			X		X		X		X		X		X		X		X	
3	X		X		X			X		X		X		X		X		X		X		X	
4	X		X		X			X		X		X		X		X		X		X		X	
5	X		X		X			X		X		X		X		X		X		X		X	
6	X		X		X			X		X		X		X		X		X		X		X	
7	X		X		X			X		X		X		X		X		X		X		X	
8	X		X		X			X		X		X		X		X		X		X		X	
9	X		X		X			X		X		X		X		X		X		X		X	
10	X		X		X			X		X		X		X		X		X		X		X	
11	X		X		X			X		X		X		X		X		X		X		X	
12	X		X		X			X		X		X		X		X		X		X		X	
13	X		X		X			X		X		X		X		X		X		X		X	
14	X		X		X			X		X		X		X		X		X		X		X	
15	X		X		X			X		X		X		X		X		X		X		X	
16	X		X		X			X		X		X		X		X		X		X		X	
17	X		X		X		X			X		X		X		X		X		X		X	
18	X		X		X			X		X		X		X		X		X		X		X	
19	X		X		X			X		X		X		X		X		X		X		X	
20	X		X		X			X		X		X		X		X		X		X		X	
21	X		X		X			X		X		X		X		X		X		X		X	
22	X		X		X			X		X		X		X		X		X		X		X	
23		X	X		X			X		X		X		X		X		X		X		X	
24	X		X		X			X		X		X		X		X		X				X	
25	X		X		X			X		X		X		X		X		X				X	
Total	24	1	25	0	25	0	1	24	0	25	0	25	0	25	0	25	0	25	2	23	0	25	

APPENDIX B

CHILD DEVELOPMENT QUESTIONNAIRE

CHILD DEVELOPMENT QUESTIONNAIRE

1. Within what age range does the socialization process begin with infants?
2. How do three and four-year old children's thinking differ from five and six-year old children?
3. How long does attachment usually take for the infant?
4. How does play help a child learn about feelings?
5. Who is more adaptable - a child or an adult? In what ways?
6. Erikson's theory says that children go through stages of psychosocial development which have specific characteristics. What are the stages an eight-year old child has gone through or is currently in?
7. Name at least one characteristic of play that Freud, Erikson, and Piaget would agree on.
8. What are some characteristics of children with good interpersonal skills?
9. What are the approximate age ranges for each of Erikson's stages of psychosocial development that an eight-year old child has hopefully constructively passed through?
10. In learning about socializing with adults, about what age range do infants begin to "read" the responses of an older person?
11. Piaget says that children go through certain stages of cognitive development prior to age two. What are these stages, and what are their characteristics?
12. What are some characteristics of a seven-year old child's thinking that make it different from many five and six-year old children?
13. Pride seems to have its genesis during what age range during infancy?
14. Three, four, and five, and even six-year old children's thinking has what four characteristics, according to Piaget?
15. What are some characteristics of play?
16. Do children learn number concepts by learning how to count? Please explain.
17. Why isn't direct teaching good between the ages of three to six?
18. Guidubaldi says that a child's reference group is important in the socialization process. Typically, who are some of the people in a child's reference group?
19. Simply stated, how does an infant learn language?
20. What three elements did White say were necessary to develop pride?
21. Piaget divides cognitive growth into four stages. What are they?
22. What are Piaget's three types of play?
23. Within what age range does self awareness and self assertion develop?
24. Generally, at what age do most children show a growing interest in the functional aspects of written language?
25. How is play different from investigative behavior?

APPENDIX C

CASE STUDIES

CASE STUDY 1: THE REFERRAL

John Jr., a first-grade student, has been referred by you (see attached) and you must design an assessment strategy.

Please describe your course of action. Include any tests or techniques you would use.

1. I ___ would use; ___ would not use an Intelligence Test. Why?

2. I ___ would use; ___ would not use an Achievement Test. Why?

3. I ___ would use; ___ would not use a Psychomotor Test. Why?

4. I ___ would use; ___ would not use Classroom Observation. Why?

5. I ___ would use; ___ would not use Parent Interview. Why?

6. I ___ would use; ___ would not use Teacher Interviews. Why?

7. I ___ would use; ___ would not use the Developmental History. Why?

8. I ___ would use; ___ would not use the Behavior Rating Scale. Why?

9. I ___ would use; ___ would not use the Medical History. Why?

10. I ___ would use; ___ would not use the Developmental Inventory. Why?

11. I ___ would use; ___ would not make use of Recommendaions for Frequent Observation/Measurement to Monitor Progress. Why?

Comments:

Division of Exceptional Education

REFERRAL

Name John R. Brown Jr. Birthdate 12-1-77 Age ___ Sex: M XF Grade 1

Parent(s) John Sr. & Dawn Brown School Maine Street

Address 9755 N 68th Ave. Redm Referred by Lise Fish

Telephone 675-7447 Title Classroom Teacher

How was this referral discussed with parents: ☐ Conference ☑ Phone Call ☐ Written Notice

Date this referral was discussed with parents: _____

Parents Primary language: English / Other: _____ (specify) Is an interpreter needed? ☐ Yes ☑ No

Date the Notification of Referral was sent to the parents: _____

Suspected EEN Category: ☐ Mentally Retarded ☐ Emotionally Disturbed ☐ Vision Impaired ☑ Learning Disabled ☐ Hearing Impaired ☑ Speech and Language ☐ Physically Handicapped or Other Health Impairs:

Suspected Non-EEN Category: ☐ Gifted ☐ Discipline ☐ Academic ☐ Social-Behavioral ☐ Pregnancy ☐ Other _____

Why have you refered this student? Summarize strengths and weaknesses. (Academic, behavioral test scores, medical information, see back of form.) Does not always seem to be in the classroom ~~physically~~ - lack in eyes. Academically John is far below the average first grade ability. Trouble identifying alpha bet letters and recognizing letter sounds. Memory is very limited, no participation if voluntary.

Document any previous attempts to deal with the child's school problems:

A. Parent conferences/communication (describe) New student - I have observed and read records on John. Seems as though the last school district John attended felt the necessary need that John be tested and retained in Kindergarten.

B. Regular educational program alterations (adapted materials, modified expectations, special instructional procedures/results) Giving directions on a one-to-one basis after whole-group instruction. Guiding constantly through exercises in reading, spelling, math. Adapted materials to a grade level below first.

C. Special educational programming/results

D. Other services child has received (ie: Title I, outside agency, counseling, etc.)

T.C. Timm
Principal's Signature

Call Exceptional Education Administrative Office

SM
7-85

(SEE BACK OF FORM)

C. Areas of weaknesses: (Check)

1. Cognitive
   - ☐ Below average intelligence
   - ☐ Poor reasoning ability
   - ☑ Poor comprehension
   - ☑ Low creative ability
   - ☐ Poor organization of time, materials, and self
   - ☐ Others-specify _____

2. Motor
   - ☐ Poor balance
   - ☐ Awkward walking movement
   - ☐ Limited fine and gross motor adaptation
   - ☐ General poor coordination
   - ☐ Problems using chair, pencil, or scissors
   - ☐ Handwriting difficult to read
   - ☐ Others-specify _____

3. Language
   - ☐ Hyperverbal
   - ☐ Underdeveloped vocabulary
   - ☐ Poor use of grammar
   - ☐ Communicates only on concrete level
   - ☑ Limited participation in group discussions
   - ☑ Others-specify will NOT Evaluate

4. Behavior
   - ☐ Acts without forethought
   - ☐ Temper tantrums
   - ☐ Aggressive
   - ☐ Clings to others inappropriately adults
   - ☐ Uncooperative
   - ☐ Withdrawn
   - ☐ Others-specify _____
   - ☐ Excessive variation of mood
   - ☑ Easily frustrated
   - ☐ Hyperactive
   - ☐ Poses has or grimaces
   - ☑ Underachiever
   - ☐ Poor relationships with peers
   - ☐ Poor relationships with adults

5. Perception and memory.
   - ☑ Poor memory
   - ☑ Limited attention span
   - ☑ Distractible
   - ☐ Inability to shift tasks
   - ☐ Others-specify _____
   - ☐ Vision problems
   - ☐ Hearing problems
   - ☑ Difficulty in discriminating sounds
   - ☑ Difficulty in discriminating symbols

6. Areas of strengths and weaknesses: (Check)

	Never	Rarely	Sometimes	Often	Always
1. Student shows enthusiasm for school in general.	☐	☐	☑	☐	☐
2. Student shows enthusiasm in this class.	☐	☐	☑	☐	☐
3. Student participates in class activities.	☐	☐	☑	☐	☐
4. Student shows concern with progress.	☐	☐	☑	☐	☐
5. Student completes assignments.	☑	☐	☐	☐	☐
6. Student works well independently.	☑	☐	☐	☐	☐
7. Quality of student's work acceptable	☐	☑	☐	☐	☐
8. Student making progress in this class.	☐	☑	☐	☐	☐
9. Student making progress in class participation activities	☐	☑	☐	☐	☐
10. Student becomes frustrated.	☐	☐	☐	☑	☐
11. Student gives up easily	☐	☐	☐	☑	☐
12. Student becomes angry.	☐	☐	☑	☐	☐
13. Student has an appropriate attention span	☐	☐	☐	☐	☐
14. Student daydreams	☐	☐	☐	☑	☐
15. Student requests class rules and routines	☐	☐	☐	☑	☐
16. Student has to be sent out of the room (if no, name reason in comments section.)	☑	☐	☐	☐	☐
17. Student talks at inappropriate time	☐	☑	☐	☐	☐
18. Student appears to want to please teacher	☐	☐	☐	☑	☐
19. Student exhibits a behavior of withdrawing with his or her peers	☑	☐	☐	☐	☐
20. Student withdrawn from peers	☐	☐	☐	☐	☐
21. Student is subjected to teasing by peers	☐	☐	☑	☐	☐

Comments:

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CASE STUDY 2: A REPORT

Please analyze the attached report and comment on how it could be improved to better serve Matt. What other techniques could have been employed to insure a more "ecologically" sound assessment?

WAXTON SCHOOL DISTRICT
PSYCHO/EDUCATIONAL REPORT

NAME: Matthew Browne SCHOOL: (Washington Area) GRADE: PS

TEACHER: _____ DATE OF EVALUATION: 9-30; 10-2; 10-9; 10-16-85

DATE OF BIRTH: 5-13-82 CHRONOLOGICAL AGE: 3-5

PARENT: M/M Tom Browne ADDRESS: 123 E. Washington St. PHONE: —

Matthew was referred for an evaluation by Mr. Jim Past, psychologist at the Health Care Center. Mr. Past felt that Matthew may be a future learning disabled youngster who may present characteristics of "organic" symptoms.

Mr. Past states in his letter to Mr. Dingmore, Director of Pupil Services, that Matthew is a young man who has taken advantage of the Health Care Center's Early Intervention Program and that Matthew has cerebral palsy and is nonambulatory.

On August 7, 1985, Mr. Past evaluated Matthew. Instruments administered were the McCarthy Scales and the Revised Peabody Picture Vocabulary Test. The results on the McCarthy Scales suggested a verbal index at the 15th percential and perceptual performance at the 3rd to 5th percentile; quanitative at the 35th percentile with general cognitive index at the 10th to 15th percentile. The extrapolated age index was 2 years, 8 months. Matthew's chronological age at the time was 3 years, 3 months. Mr. Past suggested that Matthew was successful on a limited basis with verbal tasks while either failing or refusing to do non-verbal tasks. The Peabody Picture Vocabulary Test yielded a standard score at the 32nd percentile with an age equivalent of 2 years, 10 months, and Mr. Past further noted extreme distractibility and short attention span. Mr. Past felt that the limited success on the perceptual motor tasks to be a mix of short attention span, distractibility, low frustration tolerance, as well as disability.

Matthew's mother was interviewed by this examiner on September 30, 1985 for the purposes of obtaining information for the Vineland Adaptive Behavior Scales. Matthew was then subsequently seen for the purposes of administering the Beery Developmental Test of Visual-Motor Integration and the Stanford Binet Intelligence Scale-Form L & M. These dates are recorded with the demographic data. In the testing situation Matthew was found to be a pleasant young man who was talkative and tried to use his verbalizations to control the environment. This examiner did not notice any extreme in terms of distractiveness or low frustration tolerance; what was seen, however, is what this examiner would consider "power" and/or "control" issues in interpresonal relationships. This may be a style of personal interactions or may have been a resulted anxiety because of the tasks that he was being asked to do. This examiner feels it is the former. The results of the Stanford Binet Intelligence Test may be a lower level estimate of Matt's current ability.

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THE SIGNIFICANCE OF THE TESTS ADMINISTERED:

The results of the Stanford-Binet, Form LM Intelligence Scale would suggest that Matthew may currently be functioning toward the lower levels of the "low average" classification of intelligence. At the time of the testing Matthew's chronological age was 3 years, 5 months; his mental age is 3 years, 2 months, and the IQ score 80. He was successful on all the subtests at the 2, 2½, and 3 year level. Matthew was successful on two of the six subtests at the 3½ year old level, and scored zero for six at the 4 year old level. The 4½ year old subtests were not administered to Matthew because this examiner felt that it would be too frustrating for him to do these subtests, therefore, a true ceiling has not been reached.

The results of the Beery Developmental Test of Visual-Motor Integration would seem to suggest that Matthew is successful at producing the horizontal line, a vertical line, and a scoreable circle. A scoreable circle is a circle that shows rotary motion produced by the pencil. Matthew was not successful at placing designs on the paper where the examiner pointed, however, he was able to produce the design when asked to do so.

The following are the results of the Vineland Adaptive Behav ior Scales Interview Survey Form:

Subtest	Standard Score	Age Equivalent
Communication Domain	91	2 years-11 months
Daily Living Skills Domain	72	2 years- 2 months
Socialization Domain	84	2 years- 6 months
Motor Skills Domain	55	1 year - 7 months

The results of the Vineland Adpative Behavior Scales Interview Survery Form would suggest that Matthew's receptive language is a weakness when compared to his expressive language skills. It appears that his daily living skills in terms of personal, domestic, and community are approximately a year below his chronological age. His socialization domain in terms of his interpersonal relationships appears to be appropriate for his chronological age and in terms of play and leisure time activities and coping skills he seems to be somewhat below his chronological age. The results of the gross motor skills domain suggests functioning approximately two years below his chronological age level, and his fine motor skills appear to be a strength relative to his gross motor skills, and he appears to be about a year below his chronological age level in that area.

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The Brigance Diagnostic Inventory of Early Development: This examiner spoke with Matthew's mother in terms of the items presented on this instrument. This instrument is intended to be used as a diagnostic tool to be administered to the child, however, this examiner wanted to gather some information and get some idea of Matthew's functioning as perceived by his mother. On the preambulatory motor skills and behaviors section, Mrs. Browne stated that Matthew can sit W fashion and walk with a walker and stand by furniture. On the gross motor skills and behavior section, there were no positive responses to the standing or walking questions. In terms of stairs and climbing it appears that Matthew can creep upstairs and downstairs, can climb unto furniture such as a low couch and climb in and out of an adult chair. Matthew is unable to run, jump, hop, kick, or use a balance board. In terms of catching it appears that Matthew is somewhat below a 3 year level in terms of those skills. In terms of rolling and throwing it would appear that Matthew is at about a 2½ year old level. Ball bouncing appears to be near a 2 year level. The use of wheeled toys, which includes peddling his tricyle when his feet are strapped on, appears to be close to a 3 year old level. In terms of fine motor skills, general eye, finger, and hand manipulation, it appears that Matthew can string beads and screw and unscrew various toys that he has. Mrs. Browne was unsure if Matthew could string half inch beads and on the Stanford Binet Intelligence Test he had an opportunity to do that. This is a 3 year old task and he was successful at doing that. Mrs. Browne states that Matthew is successful at building a six block tower, and he most asurdedly was for this examiner on the Binet Intelligence Test, and that is a 2½ year old task. In terms of puzzles, it appears that Matthew can be successful at puzzles he is familiar with and Mrs. Browne believes that he could put together a twelve piece puzzle. In terms of Matthew's pre-handwriting skills, it appears that he may be functioning somewhat below a 2½ year old level. On the speech and language skills section, the syntax section suggests functioning slightly below a 3½ year level; personal data response appears to be between that of a 3 year to 4 year old; the social speech appears to be approaching the 4 year level.

THE SIGNIFICANCE OF THE EVALUATION RESULTS:

It appears at this particular time that Matthew is a little boy that appears to have a strength in terms of his communication skills, and also appears to have a strength in terms of some social skills. There appears to be weaknesses in terms of Matthew's motor skills. The evaluation results suggest that Matthew's intellectual functioning may be somewhere in the area of the "low average" classification to the lower levels of the "average" classification and these results seem to fit with the results obtained by Mr. Past at the Health Care Center. This examiner has difficulty at this time sorting out which of the areas of weakness Matthew may have are the result of his cerebral palsy, or which difficulties may be a result of a learning disability. There are indications within the evaluation that, while Matthew's expressive language appears to be adequate, there may be a difficulty in terms of his receptive language. These issues will have to be spoken to by his speech and language clinician. In terms of Matthew's fine motor skills, the results of the Vineland would suggest that he is approximately a year below his chronological age level in that area. However, the results of the Beery Developmental Test of Visual-Motor Integration and the results of the Binet Intelligence Test would suggest that Matthew is within a reasonable range development in terms of being able to draw a horizontal and vertical line, and make a circular motion with a pencil. The fine motor portion of the motor skills domain seem to suggest adequate fine motor functioning except for Matthew's inability or inexperience with using a scissors, and this area appears to be a strength relative to an obvious weakness in terms of Matthew's gross motor skills.

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In summary, it appears that Matthew is a young man who appears to be functioning within the "low average" classification of intelligence and generally appears to be functioning within the range in terms of his communication skills, daily living skills, and his socialization skills. He appears to have significant weaknesses in terms of motor skills; his fine motor skills appear to be better than his gross motor skills. Whether Matthew's weaknesses relative to his strength constitute a learning disability at this particular time is difficult to ascertain. This examiner's judgement would be that Matthew does not have the processing difficulties apart from cerebral palsy that would constitute learning disability characteristics. Matthew will most likely be able to assign meaning to symbols and be able to manipulate them.

THE FOLLOWING IS RECOMMENDED:

1. A parent conference for the purposes of explaining the results of this evaluation.

2. Matthew should take advantage of a nursery school experience to enhance his socialization in terms of play and coping skills.

Timothy Tester
School Psychologist

mk

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CASE STUDY 3: A MORE ECOLOGICALLY BALANCED REPORT

Please review the attached report. Circle and label the sentences that have attributes that indicate the author has attempted a more ecologically sound evaluation.

CO = Classroom Observation
PI = Parent Interview
TI = Teacher Interview
DH = Developmental History
MH = Medical History
DI = Developmental Inventory
BRS = Behavior Rating Scale
FOM= Frequent Observation/Measurement

WAXTON SCHOOL DISTRICT

DIVISION OF EXCEPTIONAL EDUCATION

STAFF REPORT

Student: William L. Johnson
Birthdate: 6-6-82
Mother: Linda Johnson
Address: 101 S. Circle, Waxton
Father: Ralph Johnson
Address: 101 S. Circle, Waxton

Assessment Dates: 10-16; 10-20; 10-27 & 11-3, 1987
School: John Hancock Elem.
Chronological Age: 5-4

Referral: Mrs. Nordahl, Billy's Kindergarten teacher, was interviewed on October 16. Essentially, Billy was referred because he exhibits a short attention span during seat work, is "stubborn", "messy", exhibits poor readiness skills, wants to play all the time, and is generally "immature". Mrs. Nordahl believes that it would be in Billy's best interest to withdraw from Kindergarten at the end of the 9-week marking period and be enrolled in preschool. Mrs. Nordahl was asked to complete the Child Behavior Check List Teacher Report Form and return it to the school psychologist's office.

Billy was observed in the classroom on 10-20 in both structured activities involving readiness activities with numbers and letters and in free play. The letter "M" was introduced, and Billy attended to the group presentation with interest. He appeared uninterested, however, in the seat work that followed where he was supposed to color and cut out the letter "M". During the arithmetic presentation of the number "three" Billy attended to the teacher presentation and volunteered an answer when called on. The seat work activity of gluing three styrofoam blocks together to build a "mountain" appeared absorbing to Bill and was done well. During free play, Billy and two other boys played space commander. Billy seemed to be able to lead and follow during play. He counted out and assigned space craft to the other boys and said that he was going to be "Maverick" because it started with the letter M.

Billy's mother was interviewed by phone on 10-27. Billy's family is new to Waxton, having moved here from their home town of Edgerton. Billy is the youngest of two siblings. His sister Joani is a third-grade student in a gifted and talented cluster at John Hancock Elementary. She stops by Billy's room daily to walk home with him.

Billy's medical history is unremarkable. He has all of his immunizations, has never been hospitalized, and received a physical examination prior to starting school, which included hearing and vision screening.

Developmental information indicates an uncomplicated pregnancy and delivery after ten months of pregnancy. Billy weighed nine pounds, thirteen ounces, and was the product of a natural childbirth after four and one-half hours of labor. Billy and his mom left the hospital together after a three-day stay. Billy was weaned at one year, stood at ten months, walked at twelve months, began talking at fourteen months, and was toilet trained at thirty months. Billy attended preschool for two years, and mother reports he can skip, hop, throw and catch a ball, and draw a square. According to his mom, Billy is strong-willed, independent, verbal, compliant, persistent, energetic, and confident. Billy's mom agreed to fill out the Child Behavior Checklist.

Billy was seen for assessment on 11-3. In the assessment setting Billy was cooperative, pleasant, and personable. Billy seemed relaxed, and rapport was easily established. Concentration and attention to task seemed age appropriate. The assessment results are hypothesized to present a valid indication of Billy's skills and abilities.

Techniques Used/Tests Administered:

Teacher Interview
Classroom Observation
Parent Interview
Medical/Developmental History
Behavior Rating Scale
Battelle Developmental Inventory Screening Test
Wechsler Pre-School and Primary Scale of Intelligence
Brigance K & 1 Screen
Developmental Test of Visual Motor Integration

The results of the tests administered:

The results of the Battelle Developmental Screening Test suggested age equivalent scores that ranged from 67 to 69 months on the motor component to 89 to 95 months on the communication component. The results of the screening test do not suggest further testing with the complete inventory and are as follows:

Component Score	Age equivalent
Personal Social	73-92 months
Adaptive	78-84 months
Motor	67-69 months
Communication	89-95 months
Cognitive	85-95 months
Total Score	92-95 months

The Wechsler Pre-School and Primary Scale of Intelligence indicates that Billy scores within the "superior" classification of intelligence. Billy's verbal IQ was 134, his performance IQ was 115, and his full scale IQ was 127. These results suggest good potential for academic success.

Readiness areas as measured by the Brigance K & 1 Screen have been mastered. Billy was successful in reporting personal data response items including his current address. Billy labeled 10 of 10 colors correctly and named all picture vocabulary items. Billy could visually discriminate one of four symbols as different in ten item response trials, could draw a square but not a triangle, and his draw-a-man was complete, including ears and neck. Billy could count to 34 and numeral comprehension matching numerals to quantity was in place from 1 to 10. Billy could recite the alphabet and identified all the lower case letters except b and d, which he mistook for each other. Billy was successful in all auditory discrimination items, could write his first name with reversals, and numerals in sequence from 1 to 7 with reversals.

The age equivalent score on the Developmental Test of Visual Motor Integration was 5 years, 1 month, which is slightly below Billy's chronological age.

The Child Behavior Checklist completed by both Mrs. Nordahl and Mrs. Johnson suggested appropriate behavioral functioning and a rather balanced externalizing, internalizing profile.

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The significance of the assessment results:

It appears at this time that Billy possesses the skills and abilities to be successful in school in his current academic placement. Billy has strengths in academic readiness, communication, and the cognitive areas and a need relative to strengths in the area of fine motor skills in paper and pencil tasks. Billy may not be neat in fine motor activities for a period of time until maturation assists him, but as indicated by observation, Billy was adept at creating his three-block "mountain" with relative ease.

Billy's perceived difficulty with attention span may be related to classroom routine and his area of need in fine motor skills. His greatest difficulty attending seemed to be related to paper and pencil tasks while working with the letter "M". Billy already knows the letter "M" so that knowledge, coupled with the nature of the task, may have helped in promoting the lack of attention.

Billy's mother reported that Billy is strong-willed, independent, energetic and persistent. He probably has good control of his own learning needs, which may be why he appears stubborn and wants to spend so much time in play activities.

There are no indications within the developmental or medical history that would suggest reason for concern in future skill acquisition in school. The concern regarding lack of readiness skills and immaturity by Mrs. Nordahl is not substantiated by this assessment and will be explored further with her.

The following is recommended:

1. Billy should be provided as many hands-on opportunities as possible, using 3-dimensional objects instead of paper and pencil tasks.

2. Billy's fine motor skill acquisition should be monitored and he should be allowed to practice cutting, pasting, and drawing at non-readiness times where the quality of what he produces is not judged by adults. A fine motor check will be made in three months.

3. Billy is strong-willed. If he appears "stubborn", ask him what is on his mind. His mom finds him compliant. If we listen to his ideas and incorporate them into our management strategy with him, he probably will comply.

4. Billy has strengths which suggest excellent potential for academic success and possible leadership potential. Please monitor his progress in these areas closely.

Brad Baxton
School Psychologist

APPENDIX D

VIDEO TAPE LISTING

1. Babies and Child Care - Burton White describes the needs of infants.
2. Seeing Infants with New Eyes - Magda Gerber's exemplary program illustrates how adult interactions with infants can make a difference.
3. How Young Children Learn to Think - A discussion with Constance Kamii. Clear, concrete explanation of Piaget's theory of how children acquire knowledge.
4. Play and Learning - A discussion with Barbara Biber. Why is play important? What do children learn when they play?
5. Developmentally Appropriate Practice - Birth Through Age 5 - Based on N.A.E.Y.C.'s position statement, it depicts teachers and children in action in developmentally appropriate programs.
6. Environments for Young Children - A discussion with Elizabeth Prescott and Elizabeth Jones. How do the materials and arrangements of the environment help to meet your goals for children.
7. Curriculum for Preschool and Kindergarten - A discussion with Lillian Katz. What is appropriate for 4 and 5-year-olds.
8. N.A.E.Y.C.'s Position on Developmentally Appropriate Practice: A Panel Discussion and Critique. N.A.E.Y.C.'s 1986 Conference.
9. Educating the Young Child - Past, Present and Future. David Elkind's 1986 Keynote Address at N.A.E.Y.C. This address describes how varying images of children affect early childhood education programs.

APPENDIX E

"CONSIDER WITH ME" HANDOUTS

CONSIDER WITH ME

An Inservice Program on Child Development

During the next 12 weeks, using part of our staff time, I will be conducting an inservice program on child development aimed at improving our awareness of child development from 0 to 8 years of age. The focal point of the renewed awareness will be to discuss assessment alternatives for children of these ages for the purposes of assuring that each child is provided with the most appropriate diagnostic assessment possible. Areas high-lighted within the inservice will be the child's cognitive development, the socialization of children, and play and its relevance for cognitive and social growth.

The inservice format will be as follows: Each Wednesday preceding the Friday Inservice, you will receive from me a "Consider with Me" handout, which will provide information for you to consider for the upcoming inservice. You will also receive a glimpse of upcoming inservices as well as a short review of what has been covered and a listing of materials which, if read, would better prepare you for the inservice. This handout will be provided to you at your "home school". During the 12-week inservice period, the pupil services office, affectionately known as the "Cubby" or the "Sauna", will be made available to you as a central location to gather and read suggested materials.

During our Friday Staff Meetings we will view a video which will be the topic of the day, discuss the relevance of the video to assessment, socialization, cognition and play of children and also discuss the relevance of what has been viewed to the role of the school psychologist.

Our first meeting will be a program devoted to an overview of the inservice format. The second inservice in the series will begin the videotape viewing. The format of each weekly inservice will be to review the previous week's activity, view the videotape topic for the week, discuss what has been viewed, focus the discussion on the ramification for assessment, and discuss various assessment techniques which may be appropriate for the age level being assessed. Focus will be maintained on cognition, socialization, and play aspects of the children - related to the various stages of the developmental process.

I invite you to read Chapter One of Schuster and Ashburn's (1980) book, The Process of Human Development to gain a renewed perspective of childhood and a review of various theoretical positions. Please pay particular attention to Erikson and Piaget.

Our first session will focus on the goals and objectives of the Inservice as well as preview the material we will be covering.

I look forward to this journey with you.

TO PREPARE . . .

If you have a chance to, please stop by the "cubby" and read pages 160 to 260 of Human Development and/or pages 136 to 270 of Toward Understanding Children.

UP AND COMING . . .

Dr. Burton White discusses babies and child care. Dr. White headed the Harvard Pre-school project for thirteen years. What he has to say is very interesting.

CONSIDER WITH ME . . .

THE INFANT

The word "infancy" means without language. The exact length of time of infancy varies with who you read. Generally it is a time period between the ages of 0 to 3 years of age, and for the purposes of this inservice will be perceived as ages 0 to 18-24 months of age.

Infancy is a time period in a child's life that consists of reflex actions, bonding, and becoming social. The difference between infancy and other childhood years is the physical development of the child and the dependency of the child. At no other time in the child's life will growth be as rapid.

Most of us in our training have been made aware of and have studied the cognitive development as presented by the behaviorist's viewpoint and have been exposed to Banduras' social learning theory. However, most of us have not spent time considering what Piaget has had to offer in the area of cognitive development, play and socialization. In the area of childhood development, Piaget's theory has been given much attention. Except for minor variations in when children achieve certain developmental tasks, Piaget's theory seems to hold up well to the rigors of research. The sequence is always the same. Individual differences determine when.

As you consider the inservice for this week, I invite you to take some time and read about infancy in the two resource books made available to you. Some of your considerations might revolve around John Lock's postulate that children's minds are a blank slate, and it is our job to fill up that slate with what is needed in life. Also, you might wish to consider whether the learning we've done regarding stimulus response psychology might not fit nicely with Lock's position, and, because of this, has allowed us to develop the curriculum we have developed in schools. Therefore, does the child's potential develop from within and unfold from within when interacting with the environment? Or is the child merely a pawn of the environment in which he or she finds themselves? Piaget, Hunt, White and others suggest that the child's development is far more complex than merely a stimulus response created set of behaviors.

TO PREPARE . . .

I invite you to read Piaget's Theory of Cognitive Development and to read some of the material on Erik Erikson's perception of the stages people go through throughout life's experience. You will find information on Erikson's position in:

1. Human Development or Toward Understanding Children, or
2. Comprehensive Textbook of Psychiatry/III, or
3. The book of your choice or other of the "Cubby's" chronicles.

UP AND COMING . . .

Magda Gerber's invitation to see infants through new eyes invites us to take pause and . . . . . think!

CONSIDER WITH ME . . .

The Importance of Adult-Infant Interraction

Last week we heard some quite alarming news about what it is children need in their infancy if they are to progress along a continuum of becoming well-adjusted, competent adults. The importance of the care-giver, according to the research of White and others, seemed paramount. In our time together, and in the best hopes of serving children well, we have discussed many times the need to treat people with respect. When considering Magda Gerber's work with infants, respect may not go far enough in describing what she feels each infant deserves. A better word to describe this is perhaps a reverence - a reverence for the sanctity of the individual in the process of becoming. Do we, as parents and educators, see children as possessions? Have we truly moved past the time when children were considered chattel? If in fact we have, why then do we seem to treat children like racehorses? It seems that we are in a hurry to develop their potential rather than allowing them to take the lead in this development as we nurture them during care-giving times and allow them to put the world together for themselves as they seek to explore.

TO PREPARE . . .

Take some time to read what Dr. Erik Erikson has to say about what it is an infant has to be about during her first two years of life. Dr. L. Alan Sroufe of the University of Minnesota, has conducted some very interesting research regarding the attachment of infants. Take some time to look at what Sroufe has to say about this process. Please check the October 1979 American Psychologist, The Comprehensive Textbook of Psychiatry/III: Human Development, or Toward Understanding Children for more reading on these topics.

A BACKWARD GLANCE . . .

Some points to ponder from last week's presentation:

If a parent does a fine job with a child the first three years of a child's life, the first ten years of a child's life should be developmentally sound.

Two-thirds to three-fourths of ordinary language is learned by three years of life.

Infants ages nine to eighteen months crawl and walk and return to find an adult for one of three reasons: they got hurt, they need help taking something apart, or to share in a discovery. This happens ten times an hour and lasts twenty-five seconds. The response children get is the reason for language development.

Most of the time, when adults respond to infants, they throw in related language.

During the second year of life the infant is moving forward to a hoped-for conclusion to the attachment process to an older human, and prefers to do things with an older person. 82

During the second year of life, attempts at imitating the actions and words of an older person gives language learning an extra boost.

A human feeds language into a human child about what that baby is attending to at that moment. This can increase language.

For intelligence and curiosity, a child of eight months to two years needs novelty, assistance with roadblocks, someone to cheer them on, and ready access to an interested verbal person.

The steps for emotional health and capacity to love another human go like this:

At 0-2 months a baby is asocial and a cry leads to a social response.

By 2 to 4 months of age, the baby singles out the people doing the caring for her through automatic learning.

At the ages of 4 to 7 months, the baby is responsive and adorable to everyone.

By 7 to 9 months of age, there is a stranger response, and if you haven't been with that baby on a day to day basis they may reject you.

Between 9 and 15 months the baby is learning about socialization with adults.

From 15-22 months (up to 30 months) the first self-awareness takes place, followed by self-assertion, a period of negativism, clinginess, and some tantrums.

From 22-30 months on, the early attachment process seems complete. This comes later with first children - about 23-24 months at the earliest.

Good interpersonal skills start at ages 3-5 months. Children with good interpersonal skills possess the following qualities:

The child knows how to get attention - effectively and in socially-effective ways.

The child is proud of her achievements and likes to express that she is proud.

The child is a competitor.

The child engages in make-believe role playing.

The child looks toward adult models.

The child is able to use adults as a resource, is self-reliant, and wouldn't ask for help unless sure she couldn't do it herself.

The child is emotionally secure so that she can walk up to another person, young or old, hug them, and say, "I like you alot".

The child can say to another person, "Would you leave me alone - you are bothering me".

The child can lead and follow others.

By 5 months of age a child cries for two reasons - when they are hurt or when they want attention.

By 9-18 months, children can use adults as resources.

A 4-month old will scream in rage, but not at you; a 9-month old will scream at you.

A 13-month old shows the first signs of fantasy.

The beginnings of pride surface between the ages of 7 and 11 months.

Three things are needed for a child to develop pride: practice, the ability to do so, and a person who is delighted to see this and shows it.

UP AND COMING . . .

I know that this is asking alot, but any reading you can do about Piaget's Developmental Psychology will help. Piaget's Later Work, by Ginsburg and Opper, is among the "Cubby's" chronicles and it is exciting!

CONSIDER WITH ME . . .

Cognition: Piaget and Others

Have you ever spent much time thinking about thinking? Each of you seem to share quite freely what you think. How did it come about? Can you recall the times when you were young and stopped to explore on your way home as you watched the water form in puddles and streams, as you tried to dam up the water and direct it the way you wanted it to go? To see what happened when you floated a stick on it? Do you remember the times you spent building things? The forts you created, the clubs, the hide-a-ways - how you decided enough was enough or how you needed a little more on the right or left. Imagine . . . you did all of that without going to school.

The talk now in the educational community is that we need to teach children to think. One of the needs for people in the 21st century will be the ability to assume responsibility for their own learning, be adaptable, and be ready, willing and able to train for two, three, or even four different jobs or careers. Perhaps thinking is best learned in school. Perhaps thinking as a part of the curriculum is the answer. And then, perhaps it is not.

In this week's presentation, Dr. Kamii presents her case that the development of logic takes place within the child and is not something that can be imposed upon the child from the outside. As much as some of us in education would like to, and as hard as we try by the formalized direct teaching method, the logic that we so desire our young children to have will not be created by the outside-the-head structure we impose on children.

I invite you to dust off the Skinnerian books or any of the other "others" and let's talk abut how children learn. I'm sure our time together will be lively!!

TO PREPARE . . .

The reading necessary for a sound background for this tape is staggering! However, if you can consider perusing or reading:

1. About Piaget's Developmental Psychology from any of the "Cubby's" chronicles.
2. The Hawaii Early Learning Profile Activity Guide (as a reminder of all the child has mastered during the first three years of life).
3. My "Nova Notes" from Dr. Dom Guilo's lecture.
4. Ginsburg and Opper's, Piaget's Later Work.

UP AND COMING . . .

The importance of play in cognitive and social development.

A BACKWARD GLANCE . . .

Here are some of the things I heard Magda Gerber say:

Adults often treat infants as objects. They tend not to show much appreciation for what infants are.

Let your babies be babies.

All babies are motivated from within. What happens when we interrupt them?

How adults see the child will affect the messages the child receives.

The adult perspective often seems to be, "I'll tell you what you should be doing."

Who are we to tell a child how she feels?

If you allow a child to grow authentic, you must work on your own authenticity.

Let your baby try and fail.

All children achieve their own milestones at their own time.

Why should we try to hurry a time when nature has such a perfect plan?

Observe babies in uninterrupted play and interact with them mostly during care-giving times.

It is during care-giving times that you really develop a caring relationship.

Talk to the child while caring for the child. Tell them what you are doing.

The first and second years of life are very important. Children learn how to: love, relate to the world, adapt, problem solve, make choices; attitudes also develop at this time.

Respecting a child can't harm a child; do not manipulate children.

CONSIDER WITH ME . . .

Play and Learning

I've told each of you more than once that I, in my infinite wisdom as a young parent, decided to send my oldest son to school so that he did not earn his Ph.D. in play. I thought that it was important that he get on with his life and was disappointed in the preschool because of his lack of social interaction and his intense desire to spend every moment within the walls of the preschool in play of his own making and creation.

What is it about play that is so magical? What is it that we, as adults, structured as it may be, enjoy about something called play? We play quite alot. We just seem to have substantiated it, legalized it, and authorized it with nice adult labels. Play is an important part of our lives.

For the young child, in actuality play is both feeling and thinking - doing both in a safe world. Play is a time and a place to work things through. Piaget, Freud and Erikson had some very definite thoughts about play and how it assists in the development of a child's cognitive and social skills.

TO PREPARE . . .

I invite you to take some time this week and review some materials that give you the background necessary to do some thinking about the importance of play in a child's life. Please glean what you can from Toward Understanding Children and Human Development. Also, my "Nova Notes" include Dr. Dom Gullo's lecture on play as perceived by Freud, Erikson and Piaget. Also among the "Cubby's" chronicles, I'm sure you will find more reading on play. Incidentally, Human Development and Toward Understanding Children are still amongst these chronicles.

UP AND COMING . . .

We will discuss developmentally-appropriate practice when working with children ages 0 to 5 from the "Educare" standpoint and the assessment standpoint of School Psychologists.

A BACKWARD GLANCE . . .

During our last Inservice, Dr. Kamii emphasized:

> A child learns by being able to think logically, and the root of logic is inside the child's head.
>
> Four-year old children remember empirical facts, but logic is not developed. Quantity judgments are based upon empirical information.

The nature of number grows out of a child's logic and not out of observable empirical knowledge.

Parents and teachers often think that children learn number concepts by learning how to count. They don't.

Get children to think and let them come up with their own conclusions.

CONSIDER WITH ME . . .

Developmentally Appropriate Practice

This week we consider developmentally appropriate practice. The video tape will focus on interracting with children within group settings in an appropriate way. The information will be interesting and important to observe when we interract with youngsters within the preschool, kindergarten, and first grade settings.

I would like to invite you to do some thinking about developmentally appropriate practice as it relates to the school psychologist in the assessment of young children.

Our training has been directed toward assessment of school-age children, and in so doing, learning about the child's cognitive and academic progress. However, are these really the tools to do the job for the young child? Are these techniques adequate to understand the child within the preschool, kindergarten and first-grade settings? Is direct assessment enough? Is testing intelligence, readiness, or achievement enough? Perhaps for the school psychologist, when working with the young child, a more developmentally appropriate practice would be to consider assessment in a broader context than past practice. The data gathered about the young child's developmental and medical history, direct observation, and parent and teacher interviews are techniques that will allow us to understand the child in all of her environments. Young children change rapidly, and have a wide variability of expectations. It is important that their progress be monitored often.

TO PREPARE . . .

If you can, it would help to read:

1. Page, Nagle, and Schackel in 1986 "School Psychology Review", amongst the "Cubby's" chronicles.
2. A review of the literature done in preparation for the inservice.
3. National Association for the Education of Young Children (NAEYC's) position paper.

UP AND COMING . . .

Some ideas on how to structure the environment for young children. Open or Closed - that is the question. We shall see.

A BACKWARD GLANCE . . .

I believe Dr. Biber would have us remember:

That play is a deep and important child experience.

To play, children need materials and atmosphere - but no directions.

Children create systems with play.

Children play out their thinking and feelings.

Adults get out of playing in a child-like way, but we play as adults.

Fantasy about reality is an attempt to understand reality.

The thinking that goes on while a child is playing is what adults enjoy and value.

Play is putting both thinking and feeling ideas into an expressed form.

As children grow older, it is easier for adults to understand what thinking is going on, and it gets closer to the reality of the world.

Play makes it possible for children to live through the expression of complex feelings.

Adults tend to value play when we get it classified on an adult level.

Play is child's work.

CONSIDER WITH ME . . .

Some Needs of Young Children

So far on our inservice journey, we have considered many aspects of the cognitive and social development of children from ages 0 through 7. Some of us have wondered what message we can give to parents and educators about the needs of young children. One of the things that I think we can do is to talk with parents at every opportunity about the cognitive and social development of children. To this point in time, we have devoted a great deal of time discussing Piaget and Erikson and their theoretical postulates regarding the cognitive and psychosocial development of children. Another theoretical consideration is Guidubaldi's integrative model of the socialization process which I think is a relatively straight-forward model that parents can understand. I've included a copy of Guidubaldi's model so that you will have a chance to consider it and think about it prior to our next meeting. It might be worth discussing.

As we focus on arranging environments for young children, I invite you to think about environments and the socialization process - the environment that we create at school as well as the environment that is created at home. I would like you to also consider ways that the school psychologist can adequately assess the child's functioning within these environments. Do we have to be sensitive to the child's environment? If so, how best do we assess the child's intra- and inter-personal environment so that our assessment results lead to practical recommendations for action to assist the young child?

TO PREPARE . . .

For once, something quite simple. If you could, take some time to review Guidubaldi's Integrative Model of the Socialization Process.

UP AND COMING . . .

A look at appropriate curricular offerings for four and five-year old children. A chance to compare what we know is real with what is recommended by the National Association for the Education of Young Children.

A BACKWARD GLANCE . . .

The appropriate developmental practice for children ages birth through five suggested to me the following high-lights:

Children learn by hand-on experiences.

Each stage has its own tasks to accomplish. No stages are accelerated or skipped.

Some four-year olds and most five-year olds show a growing interest in the the functional aspects of written language.

A print-rich environment is appropriate for five-year olds.

Unless handicapped, all children go through the same stages of development but on a unique time-table.

The quality of adult-child interaction should be warm, affectionate and supportive.

Talk to infants before, during, and after moving the child.

Be attentive to the infant during caring times. Explain what is happening and what will happen next.

When talking to a young child, present language one to one, face to face. Let toddlers imitate your language, and wait for a response even for toddlers whose language is limited. Describe events and reflect feelings.

Respect the young child's developing preferences for familiar objects, foods and people.

Children's preferences are seen as a healthy development of a child's self-concept. Testing limits and expressing opposition to adults is part of a healthy sense of self as a separate autonomous individual.

Ask preschoolers open-ended questions.

Encourage independence.

Young children learn through play-oriented activities.

Some routines planned to teach three, four, and five-year olds are:

Toys on shelves so children can make their own choices.

Prepare the environment for learning.

Have children select their own activities. Children should be intellectually and physically active.

Have young children work individually or in small groups.

Use hands-on learning with materials relevant to the children.

Have teachers move around to groups and individuals.

Accept more than one right answer. Children learn from self-directed problem solving and experimentation.

Facilitate self-control in young children by positive guidance techniques.

Provide young children opportunities to develop social skills.

Allow young children to see how reading and writing are useful.

Allow time for observation and interaction.

CONSIDER WITH ME . . .

Curriculum for four and five-year olds

During the past few weeks we've been doing alot of talking about thinking. Today I would like to invite you to do some thinking and talking about what curriculum for four and five-year old children ought to be. If you would, please take some time to jot down your particular ideas about the "shoulds". Some of these shoulds might answer some of these: Should direct teaching be a large part of the curriculum offered to four, five and six-year old children? Should children spend time in computerized activities? Should children be allowed to structure their own activities and experiences within the preschool and kindergarten setting? Should there be changes made to the curricular offerings we currently have for five-year old children in our school district? Have we put a first-grade curriculum into the kindergarten, and have we structured children to the point that in school they are not allowed to learn the way they learn best? If we agree that this is the case, what "should" we as school psychologists do about it? Other questions, such as "what should our assessment efforts be in light of what some may consider inappropriate practice with four and five-year olds be?" and "should we largely focus on intellectual readiness and psychomotor expression with traditional instruments?" Or, should we change our assessment procedures and at the same time explain the educational needs of a child this age by considering the total child within various environments? Should we begin the process of educating parents and teachers so that things in school will change? Well, anyway, if you can, please take some time to consider these things with me.

TO PREPARE . . .

If you can, I invite you to spend some time in a kindergarten or preschool room prior to our gathering on Friday.

UP AND COMING . . .

Next week we will talk about developmentally appropriate practice. The focus of our time together will be on the National Association for the Education of Young Children - Panel Discussion of what appropriate practice with young children should be.

A BACKWARD GLANCE . . .

These are some of the things I heard from our last session:

It is easier to change environments than people.

If you want to plan an environment to support goals to create dependence, then arrange the environment so that the children have to ask the instructor what to do.

To promote independence and initiative:

Materials can be made available to children for long-time periods in which the children make choices.

Have things well-organized so that children can see what belongs where.

Examples of closed activities would be puzzles, Simon Says, and stacking toys.

Montessori toys are closed activities and give clear signals when you have established the proper order.

An open activity would be play-dough, where the material never gives a signal that what was created was wrong.

Programs need some open and some closed activities.

Open activities respond to the child - use sand, water, paint, pillows, etc.

Open activities are relaxing.

Add different kinds of props to activities to add complexities to play and help children elaborate play.

CONSIDER WITH ME . . .

Developmentally Appropriate Practice

Our time together this week will again focus on developmentally appropriate practice with young children. You will notice that some of the people on the panel express concerns and/or hopes for change within the curriculum for kindergarten, first, and even second-grade students. As the debate continues as to appropriate developmental practice in the classroom, I would like to invite you to consider again developmentally appropriate practice by school psychologists. We have discussed during our time together the need to understand children in an ecologically comprehensive way. We must focus on the child and the intra- and inter-personal strengths and needs of the child so that we can ask parents and teachers to consider educational techniques that best assist each child in reaching their potential. I believe in order to provide a comprehensive assessment, we need to gather relevant developmental data from the parent and the teachers as well as through direct observations, diagnostic tests, and measures which focus on the development of the child within the context of her environment. Also, I believe that it is important that measurement take place frequently and that there be a systematic process of assessment which leads to appropriate educational objectives which leads to appropriate measurement of progress toward meeting those objectives. Perhaps we can consider making changes so that at this time in this place we provide our children with this type of assessment.

TO PREPARE . . .

Take some time to read "Cognitive Instruction - An Approach for Educating Children in the Least Restrictive Environment" by Drs. Miller and Miller, which can be found amongst the chronicles in the "cubby".

UP AND COMING . . .

During our next time together, we will have an opportunity to listen to Dr. David Elkind regarding educating the young child - past, present, and future.

A BACKWARD GLANCE . . .

What is appropriate practice? Here are some of the things I heard:

Create activities to provide children with interaction with children, materials, and adults.

Help children make sense of their own experiences.

Sees the teacher as observer.

The materials are concrete, real and relevant.

Any systematically applied curriculum could help children, but after 15 years of study, direct instruction programs are seen as detrimental to the social development of children ages 3 to 7. Preoperational children should receive no direct instruction.

CONSIDER WITH ME . . .

The Young Child

David Elkind suggests that adults have had a tendency throughout time to create perceptions of their children that lead to meeting the needs of the adults. A close look at history would suggest that it would be difficult to argue this point with Elkind. If Elkind is correct, what is it that we will expect of our children in the future? Will we continue to pretend that technology makes young children more capable and continue to push the curriculum downward? How much further can we go? Parents, now, are talking to the fetus in utero with the belief that they are assisting their child educationally. Where will it lead us? Technology and the information age has made a significant change within society, and as we heard during our first inservice that it seems ironic that at a time when we know so much about what an infant needs, it is the same time that parents as care-givers have been in a large part removed from the role of care-giver. Surely, our work is cut out for us.

TO PREPARE . . .

Hopefully all the material I have provided you with over the past year has prepared you for this project.

UP AND COMING . . .

A discussion about where we've been and where we're going.

A BACKWARD GLANCE . . .

Here is some more of what I remember from last week:

We don't know all we need to know about child development.

Maturation is important.

We must integrate the emotional, social, cognitive, and physical development of young children.

A parent and school partnership is central to a child's success in school.

A comprehensive assessment strategy is needed.

We need quality teachers who are creative and responsible for their own learning.

Montessori:

Believes there are sensitive periods and that at certain periods there are possibilities to make acquisition which are no longer available at other ages.

A prepared environment, child-directed - scaled to child size where order prevails and a child is self-directed.

The younger a child, the more important that the environment is interactive and related to her own experience.

We can make young children do formal lessons, but if we start too early, by 3rd grade teachers often ask, "What can I do to motivate these children?"

If we start children too early with direct instruction, we run the risk of identifying children as slow. If we start too soon, we identify children as slow falsely.

If we are going to err, let's make the error on the side of not giving formal instruction.

Observe children and let the extent the children are absorbed in their work be your guide as to the effectiveness of what you are doing.

By kindergarten, one-fourth of the children know their letters, but one-third are not ready to learn letters. What happens to their self esteem if we press on?

CONSIDER WITH ME . . .

Where we've been and What we must do . . .

I believe that the time we spent together looking at the development of children ages 0 to 8 leads to the conclusion that the school psychologist must assess young children using techniques other than traditionally-used assessment devices. It seems to me that what we must do is assess the total child within the environment in which the child lives and build a program for the child as a result of the intra- and inter-personal needs of the child. Considerations should be based upon the child's cognitive, development, social experiences, and play opportunities that the child has had. The evidence appears clear that early intervention is a must, and children whose cognitive development is preoperational should not be provided with a direct instruction curricular model.

It appears that what we must do is to talk with our consumers. In our practice as school psychologists we must do all that we can whenever we can to educate parents and teachers as to the developmental needs and appropriate developmental practice when working with young children. I believe that once parents are informed, they will do what they have to do to take good care of their children. It is our job to assist in providing children with developmentally appropriate educational opportunities so that each can reach their maximum potential.

This inservice has been a worthwhile journey. I would like to take this time to say, "Thank You" for going on this journey with me. I truly hope it has improved, broadened, and refreshed your professional growth, development, and experience. Peace.

A BACKWARD GLANCE . . .

Some more of what I remember of what we shared together:

Children in the middle ages were considered chattel.

In the 1700's a child was considered a toy or nuisance.

Puritans saw the child as tainted.

In Colonial America the child was an apprentice or farm laborer.

During the Industrial Revolution the child was a cheap labor source.

After child labor laws, the child was seen as a potential laborer and sent to school.

Some early child educators:

Plato said in The Republic that he didn't trust parents.

Augustine complained when he said, "Give me other mothers and I'll give you other worlds."

Rousseau argued against the child as a savage that had to be socialized.

Some images of children today:

Freud suggested the sensuous child that needed to express herself.

Anthropologists suggested the adaptable child and saw the adult as rigid and the child as adaptable.

Children thrive on consistency, stability and security.

Children are fresh learners.

Now we have the image of child competence.

We have had to redefine the child.

Hopefully we have learned that we shouldn't start children in learning where we end our learning.

Some of us have redefined the subject matter by making a task easier. Remember, you don't make children brighter by making tasks easier.

In the future, Elkind predicts we will see children as socially sophisticated and may see the child as an expert system.

APPENDIX F

CALENDAR OF INSERVICE PROGRAM

CALENDAR

February 17, 1988	Practicum Proposal approved
March 21, 1988	Child Development Questionnaire, "Consider With Me" Handouts, and three case studies approved
March 30, 1988	Inservice Program Kick-off Meeting
April 1, 1988	Babies and Child Care Video Tape
April 13, 1988	Seeing Infants with New Eyes Video Tape
April 15, 1988	How Young Children Learn to Think Video Tape
April 20, 1988	Play and Learning Video Tape
April 22, 1988	Developmentally Appropriate Practice - Birth through Age 5 Video Tape
April 27, 1988	Environments for Young Children Video Tape
April 29, 1988	Curriculum for Preschool and Kindergarten Video Tape
May 4, 1988	N.A.E.Y.C.'s Position on Developmenttally Appropriate Practice: A Panel Discussion and Critique Video Tape
May 6, 1988	Educating the Young Child - Past, Present and Future Video Tape
May 11, 1988	Evaluation - "What We Must Do"/ Child Development Questionnaire
May 13, 1988	Evaluation - Case Studies

APPENDIX G

REVIEW OF POST-INSERVICE PSYCHO/EDUCATIONAL REPORTS

Evaluation Techniques Used	(N=8) Preschool	(N=14) Kindergarten	(N=9) 1st Grade
Intelligence Test	100%	86%	78%
Achievement Test (Readiness)	63%	86%	100%
Psychomotor Test	75%	86%	89%
Classroom Observation	38%	57%	22%
Parent Interview	25%	64%	44%
Teacher Interview	38%	57%	44%
Developmental History	63%	42%	44%
Medical History	38%	7%	0%
Developmental Inventory	38%	29%	0%
Behavior Rating Scale	38%	0%	11%
Frequent Monitoring through Measurement/Observation Recommended	25%	50%	22%

Preschool
(N = 8)

	Intelligence Test		Achievement (Readiness)		Psychomotor		Classroom Observation		Parent Interview		Teacher Interviews		Developmental History		Medical History		Developmental Inventory		Behavior Rating Scale		Recommendation for Frequent Observation/Measurement to Monitor Progress	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
1	X		X		X																	
2	X				X								X		X							
3	X		X		X		X				X											
4	X		X		X																	
5	X												X		X				X			
6	X		X		X		X		X		X		X				X				X	
7	X		X		X		X		X		X		X				X		X		X	
8	X												X		X		X		X			

Kindergarten

(N = 14)

	Intelligence Test		Achievement (Readiness)		Psychomotor		Classroom Observation		Parent Interview		Teacher Interviews		Developmental History		Medical History		Developmental Inventory		Behavior Rating Scale		Recommendation for Frequent Observation/Measurement to Monitor Progress	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
1	X		X		X		X		X		X		X				X					
2	X		X		X																	
3									X													
4	X		X		X																	
5	X		X		X				X													
6	X		X		X		X				X										X	
7	X		X		X		X		X		X		X				X				X	
8	X		X		X		X		X		X		X		X						X	
9	X		X		X		X		X		X		X								X	
10	X		X		X		X		X		X		X				X				X	
11	X		X		X		X		X		X		X				X				X	
12			X		X				X												X	
13	X		X		X		X				X											
14	X																					

First Grade

(N = 9)

	Intelligence Test		Achievement (Readiness)		Psychomotor		Classroom Observation		Parent Interview		Teacher Interviews		Developmental History		Medical History		Developmental Inventory		Behavior Rating Scale		Recommendation for Frequent Observation/Measurement to Monitor Progress	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
1			X																			
2	X		X		X														X			
3	X		X		X																	
4			X		X						X		X									
5	X		X		X		X		X		X		X								X	
6	X		X		X				X													
7	X		X		X				X		X		X									
8	X		X		X		X		X		X		X									
9	X		X		X																X	